

AGREEMENTS

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| • I consent to emergency medical treatment for my child..... | Yes | No |
| • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... | Yes | No |
| • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.
..... | Yes | No |
| • I provided information on my child's special needs to the program to assist in caring for my child..... | Yes | No |
| • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... | Yes | No |
| • I agree to review and update this information whenever a change occurs and at least once every year..... | | |

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:
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