

Anne Arundel County Department of Recreation and Parks  
School Age Child Care (SACC)/Middle School Teen Group (MSTG)  
**ACKNOWLEDGMENT OF SACC/MSTG POLICIES of 2011-2012**

**CHILD'S NAME:** \_\_\_\_\_

**PARENT'S MANUAL**

\_\_\_ I have received my copy of the School Age Child Care (SACC)/Middle School Teen Group (MSTG) *Parent's Manual* (located at: [http://www.aacounty.org/RecParks/childcare/resource/ParentsManualES\\_MSTG\\_20102011.pdf](http://www.aacounty.org/RecParks/childcare/resource/ParentsManualES_MSTG_20102011.pdf)) and agree to abide by the policies as stated therein. I also understand that if after reviewing the *Parent's Manual* and concluding that the SACC/MSTG program does not meet my needs, I can submit a *Withdrawal Form* (located at: [http://www.aacounty.org/RecParks/contact\\_forms/SACC\\_WD\\_Form.cfm](http://www.aacounty.org/RecParks/contact_forms/SACC_WD_Form.cfm)) within 7 business days of receipt and receive a full refund. I also understand that I must withdraw my child from the program within those same 7 business days.

**REQUIRED CHILD RECORDS**

\_\_\_ I understand that I am REQUIRED to provide my child's Forms for Admission (located at: <http://www.aacounty.org/RecParks/childcare/forms.cfm>) **prior to my child attending the SACC/MSTG program.** Maryland child care regulations require us, as your child care provider, to maintain the following records for your child while they are in attendance at our program: 1) Emergency Form, 2) Health Inventory (completed by the parent and physician), 3) Medication Administration Forms (as-needed), and 4) Acknowledgment of Receipt of Parent's Guide to Regulated Child Care (this form). I understand that my child will **NOT** be permitted to attend without this information on file.

**A PARENT'S GUIDE TO REGULATED CHILD CARE**

\_\_\_ I acknowledge receipt of *A Parent's Guide to Regulated Child Care.* Maryland child care regulations require us, as your child care provider, to verify that you received a copy of "A Parent's Guide to Regulated Child Care". Please be aware that a copy of this brochure is located within the Parent's Manual that you are receiving today.

**PHOTOGRAPHIC INFORMATION**

\_\_\_ I understand that SACC/MSTG will take a picture of my child, to be maintained in the center's file. This picture will be for identification purposes in case of an emergency. Please also be aware that **participants may at some time be photographed for use by Anne Arundel County for publicity purposes.**

**PERMISSION TO HOLD DISCUSSIONS WITH SCHOOL PERSONNEL**

In order to insure the successful integration of each child into the program we sometimes find it useful to communicate with school personnel. With your permission, we will carry out such communication only for the benefit of your child. This will assist us in assuring that your child has a more successful experience in our program. Any information obtained in the course of this communication will be treated as strictly confidential.

\_\_\_ I grant permission for the type of communication described above to occur this school year.

\_\_\_ I do NOT grant permission for the type of communication described above to occur this school year.

**EMERGENCY DISMISSAL/CLOSING OF SCHOOLS**

The SACC/MSTG programs follow the policies and schedule of the Anne Arundel County Public School System. Therefore, there is **NO** SACC/MSTG program on school holidays or in the event of an emergency closing of schools. Parents must make alternate child care arrangements in advance to cover emergencies. Make sure your child knows the plan as SACC/MSTG staff will **not** be on site to assist teachers with emergency pick up information.

The schools have also requested that we supply them with a copy of your child's SACC/MSTG *Emergency Form.* This information will be used in emergency situations as a back up to the information the school has on file. In order to assist your child's school, the SACC/MSTG program would like to provide the school office with a comprehensive list of each child's back-up plan for an emergency dismissal. Please provide this information below:

During an emergency dismissal of school, my child will be a:

\_\_\_ Bus Rider on Bus # \_\_\_\_\_

\_\_\_ Walker

\_\_\_ Car Rider

\_\_\_ Picked up by: \_\_\_\_\_  
Print name Relationship to Child

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Name (Please print name clearly on this line)

**THIS FORM WILL BE RETAINED AT THE CENTER IN YOUR CHILD'S FILE.**