

Anne Arundel County Department of Recreation and Parks
School Age Child Care

ACKNOWLEDGMENT OF RECEIPT of 2009-2010

PARENT'S MANUAL

I have received and reviewed my copy of the School Age Child Care (SACC) *Parent's Manual* and agree to abide by the policies as stated therein. I also acknowledge that the Office of Child Care *Parent's Guide to Regulated Child Care* was made available to me either on line or at the child care center.

I also understand that after reviewing the Parent's Manual and concluding that the SACC program does not meet my needs, I can submit a *Withdrawal Form* 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.

Child's Name

Parent/Guardian Signature

Date

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

PHOTOGRAPHIC PERMISSION

I do _____ I do not _____ give permission to have my child's photograph appear in SACC media coverage.

I understand that SACC 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.

Parent/Guardian Signature

Date

ALLERGIES/MEDICAL CONDITIONS

I acknowledge that allergies and/or medical conditions are listed on my child's *Health Inventory* and/or *Emergency Form*, that I represented to Anne Arundel County and the Department of Recreation and Parks that my child has no medications that he or she is taking or needs to have available while attending SACC, and that I have provided SACC with no medications or equipment to treat those conditions.

Parent/Guardian Signature

Date

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