

ACKNOWLEDGMENT OF PRE-K POLICIES of 2020-2021 SCHOOL YEAR

CHILD(REN)'S NAME(S): _____

Parents & Guardians must read & initial each line below, and sign the bottom of this form:

Initials

PARENT'S MANUAL

_____ I have received my copy of the South County Recreation Center Pre-K *Parent's Manual* (located at: <http://www.aacounty.org/departments/recreation-parks/child-care/forms-and-publications/>) 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 Pre-K program does not meet my needs, I can submit a *Withdrawal Form* (located at: www.aacounty.org/recparks >Child Care >Log In >Manage Your Account) 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 FORMS, LIABILITY & ELIGIBILITY

_____ I understand that my child must be three years or older for the three year-old Pre-K program; and at least four years or older for the four-and-five-year-old program as of their first day of attendance in order to be eligible. I also understand that I am **REQUIRED** to provide my child's Forms for Admission (located at: <http://www.aacounty.org/departments/recreation-parks/child-care/forms-and-publications/>) **prior to my child attending the Pre-K program**. I understand that my child will **NOT** be permitted to attend without this information on file. I also understand that the child care staff will be unable to administer my child's medication if I do not provide the correct and complete *Medication Administration* forms. *Furthermore, the County assumes no liability and the parent(s), on behalf of themselves and their minor child, hereby holds harmless and waives any and all claims for personal injury to the minor child as the result of the application/administration or failure to apply/administer any ointment/medication for the minor child by any County employee or volunteer.* [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, Lead Testing Certificate & Immunization Certificate completed by the parent and physician, and 3) Acknowledgment of Receipt of Parent's Guide to Regulated Child Care (on this form).].

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*.

PHOTOGRAPHIC INFORMATION

_____ I understand that the Child Care program 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.**

SNACKS & LUNCHES

_____ I understand that the Pre-K program will provide nutritious snacks for my children, but I am responsible for providing my child's lunch each day.

DEVELOPMENTAL ASSESSMENTS

_____ I understand that the Pre-K staff are responsible to complete a developmental assessment of my child utilizing an MSDE-OCC approved Questionnaire which pinpoints developmental progress in children between the ages of one month to 5 ½ years. I also understand that I will receive a copy of the results of this assessment.

FAMILY COMMUNICATION

_____ I understand that I am able to schedule a virtual conference at any time in order to speak with my child's teacher at length regarding any concerns I may be having.

Parent/Guardian Signature

Date

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