



Child Care Division

## ACKNOWLEDGMENT OF SUMMER CHILD CARE POLICIES for 2025

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 School Age Child Care (SACC) *Parent's Manual* (via email from the Child Care Administrative Office) 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 Summer Child Care program does not meet my needs, I can submit a *Withdrawal Form* (located in my Child Care Account online under the "Manage My Account" tab) within 2 business days of receipt and receive a full refund. I also understand that I must withdraw my child from the program within those same 2 business days.

### REQUIRED FORMS, LIABILITY & ELIGIBILITY

\_\_\_\_\_ I understand that my child must be five years or older AND have completed kindergarten as of their first day of attendance in order to be eligible for the Summer SACC program (and 3-5 years old for the South County Rec Pre-K program). I also understand that I am REQUIRED to provide my child's Forms for Admission (located at: <https://www.aacounty.org/recreation-parks/child-care/forms-admission>) **prior to my child attending the program.** I understand that my child will **NOT** be permitted to attend without this information on file.

I also understand that the 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: 1)Emergency Form, 2)Health Inventory (completed by the parent and physician), 3)Immunization Certificate (completed by the parent and physician, *unless a school-age child attends a school-age program located in the child's school*), and 4)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.**

### CONCUSSION AWARENESS

\_\_\_\_\_ I acknowledge receipt of the Concussion Awareness parent information (located within the Parent's Manual). The Department of Recreation & Parks is committed to your child's safety. Since your child will be involved in active play & health/fitness, sports & game activities this summer, we want you to be informed of the signs & symptoms of a concussion.

### ILLNESS, INJURY & REPORTING

\_\_\_\_\_ I, on behalf of myself and/or my child, hereby voluntarily wish to assist and participate in Anne Arundel County Department of Recreation & Parks Summer programs, including all field trips in school-age programs. Furthermore, I understand that although safety precautions will be observed, the County, its agents, servants, and employees will not be responsible for any illness, harm or personal injury I or my child may sustain in participation of this child care program. I also agree to abide by the most current Illness Guidance as indicated in the Parent's Manual or subsequent emails updating me of any changes to this Guidance. I understand that this Guidance will be updated based upon Maryland State Department of Education's Office of Child Care & Department of Health policies and procedures. As of the date of this form, the current restrictions include but are not limited to: Any communicable disease, potential symptoms of respiratory illness or positive COVID-19 test results must be reported to the child care staff and/or Child Care Administrative Office. The Department of Recreation & Parks is required to report multiple cases in one location to the Health Department for further guidance.

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

Parent/Guardian Signature

Date