Anne Arundel County Department of Recreation and Parks Child Care Division

ACKNOWLEDGMENT OF SACC POLICIES of 2026-2027

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 *Parent's Manual* (located at: https://www.aacounty.org/recreation-parks/child-care/forms-publications) and agree to abide by the policies as stated therein, including the Program Expectations of Children & Parents and Care for Early Dismissal Days sections. I also understand that if after reviewing the *Parent's Manual* and concluding that the SACC 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 five years or older in the elementary/middle school programs and entering K-5th grades for elementary programs 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: https://www.aacounty.org/recreation-parks/child-care/forms-admission) **prior to my child attending the SACC program**. I understand that my child will **NOT** be permitted to attend without this information on file. I also understand that 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 (where applicable by age of participant) 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.**

_____ PERMISSION TO HOLD DISCUSSIONS WITH SCHOOL PERSONNEL

In order to ensure 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. Please be aware that if your child's behavior violates the AACPS Student Code of Conduct, some instances must be reported to the School Office regardless of your permission.

Select one:

_____ 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 *(this section is for PM parents only)*

The SACC programs follow the policies and schedule of the Anne Arundel County Public School System. Therefore, there is **NO** SACC program on school holidays or in the event of a PM 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 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 *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 program will also provide the school office with a copy of this form indicating each child's back-up plan for a PM emergency dismissal.

During a PM emergency dismissal of school, my child will be a ***(parents must SELECT ONE option below)***:

_____ Bus Rider on Bus #_____

_____ Walker

_____ Car Rider (If checked, please fill out the line below)

Picked up by: _____
Print name Relationship to Child

_____
Parent/Guardian Signature Date

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

White Copy: SACC Center Yellow Copy: School/Facility Office Pink Copy: Parent Revised 07/2026