

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Child's name: _____

Parent Signature: _____

September 20 _____

Parent Signature: _____

April 20 _____

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

My signature and initials below verifies that:

I give permission to consult the child's physician/health resource in case of emergency if parent cannot be reached.
 I have received a copy of the "Know Your Child's Children Center" brochure, and a copy of the children's center discipline policy.
 Snacks/meals served daily are: AM snack (due to COVID-19 No meals will be served)
 I have read and understand the nutrition policy. Freezer packs are mandatory to keep lunches fresh. The center does not heat up any lunches, except infant & 1's class.
 A water bottle with your child's name must be packed daily.

Initial only one:
 I give permission for my child to participate in food related activities (birthday parties, special occasions, class parties, etc.)
 My child does NOT have a food allergy or dietary restrictions.
 My child DOES have a food allergy or dietary restriction. My child may participate, but may not eat or handle the following items: _____
 My child DOES have a food allergy or dietary restriction and may NOT participate in food experience.

Initial:
 I grant permission for the CCP to use photos of my child/children for school activities including but not limited to social media websites such as Facebook or Instagram and CCP.
 I hereby grant permission for the staff of CCP to have access to my child's records.
 Initial All: _____

I understand that Tuition is due REGARDLESS of whether or not the students in attendance. There are NO REFUNDS, DISCOUNTS or COMPENSATION for absence, illness, vacation, holidays, and/or school closures.

I have received and read the discipline and expulsion policies of CCP. I grant permission for CCP in the case of an emergency to evacuate my child. I understand they will walk if possible to Paul B. Stevens School. If necessary they may be transported by vehicles.

Signature of Parent/Guardian: _____
 Date: _____

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

