

## Policy Statements Signature Page

I have read and understand the Financial Policy and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the Drug and Alcohol Policy and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the Babysitting Policy and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the Inclement Weather Policy and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the Late Pick-up Policy and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return these signed statements along with:**

- ✓ **The medical report for a child in day care**
- ✓ **The informed consent**
- ✓ **The general information sheet**
- ✓ **The consent for emergency medical care**
- ✓ **The blue card**
- ✓ **Your security card request**
- ✓ **Your pick up list**
- ✓ **The CACFP food program application**

**All of the above paperwork MUST BE updated as needed or requested.**

**\*\*\*\*\*Children enrolled must remain current with their immunization schedule in order for the center to remain compliant with Public Health Law 2164. Please provide us with updated copies of your child's shot records each time your child receives immunizations.**