

## PARENT ACKNOWLEDGEMENTS

*Parent Agrees that if a child becomes ill during the day, a parent will be advised immediately. The child will be given the opportunity to rest or have quiet activities until a designated release person can pick the child up. If the child is not picked up within one hour from the time of notification, the emergency contact person will be called.*

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

*Parent Agrees that in cases of certain communicable diseases, the school is required to file a report with the Department of Health within 24 hours so that control measures can be implemented. **Parents and staff are required to notify the school within 24 hours if a child or family member has developed a known or suspected communicable disease.***

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

*Parent Agrees to reviewed the parent handbook which is located on the daycare website at <https://iveycdc.wixsite.com/iveycdc> or has requested a copy from the office prior to the first date of enrollment at the center.*

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

*As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.*

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