

**SAPPINGTON CHILD CARE CENTER  
ACKNOWLEDGEMENTS AND SIGNATURE PAGE**

Child's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_

Child's DOB \_\_\_\_\_  
Date \_\_\_\_\_

**Please read thoroughly and sign each statement:**

1. I acknowledge that I have received and read a copy of SCCC policies pertaining to admission, care and discharge of children. I was given the opportunity to ask questions and/or voice any concerns.
2. I have been informed that a copy of Licensing Rules for Child Day Care Centers in Missouri is available at this facility for review.
3. SCCC and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.
4. When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.
5. I agree to pay for every day that my child is registered and give two week's notice before removing my child.
6. I agree to pay a fee of \$1.00 per minute for every minute my child is picked up after 6:00 p.m. This money is to be paid in cash to the employee who must stay with my child after 6:00 p.m.
7. I give my consent for my child to take part in field trips or excursions under proper supervision. I will be notified when such trips are planned. (Walks on campus or around the neighborhood are sometimes spontaneous.) Transportation by bus is provided for all field trips.
8. I understand that my child may be observed by authorized persons for educational and training purposes. I understand that no identifying information of my child will be released without my consent.
9. I give my consent for my child to be photographed during attendance at SCCC. This consent releases from liability all personnel of SCCC and any others who have received permission to take photos in the Center. This consent also gives permission for photos taken to be used in publications, shown at meetings, and/or settings where the development of children is being studied, and in publicity for SCCC.
10. I agree to hang up my cell phone before walking in to SCCC to drop off or pick up my child.
11. I authorize SCCC to apply NoAd Sunscreen, 30+ spf to my child. I may bring my own sunscreen but I must sign a separate form authorizing that brand of sunscreen.
12. I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children enrolled for whom an immunization exemption has been filed.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent or Guardian's Signature