

HCC ACKNOWLEDGEMENT FORM

Print or type Name of Child(ren) _____

Parent/Guardian must sign and date next to each item In order for the child to attend

HCC POLICIES

I have read and reviewed the Parent Handbook and all HCC Policies which are available on the HCC website (www.haddonfieldchildcare.org). I understand and agree to follow and abide by all such policies. I am aware that a copy of the policies is also available for my review at my child's program site, and at the HCC Office during normal business hours.

Signature of Parent/Guardian

Date

RECEIPT OF THE DYFS "INFORMATION TO PARENTS" STATEMENT

I have received and reviewed the written statement provided by the Office of Licensing of the Division of Youth and Family Services, and distributed to me by Haddonfield Child Care. This statement describes visitation rights, NJ Licensing requirements, child abuse/neglect reporting requirements, and other child care matters.

Signature of Parent/Guardian

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give permission for the release of information between the staff and administration of my child's school and Haddonfield Child Care. This may include, but is not limited to, information regarding daily activities, homework, and behavior. Should release of any confidential records be requested, I will be contacted for specific written permission.

Signature of Parent/Guardian

Date

RECEIPT OF STATEMENT REGARDING DISMISSAL POLICY

I have received, reviewed, and agree to abide by the HCC Statement on Dismissal of Children from Enrollment.

Signature of Parent/Guardian

Date

PERMISSION TO PHOTOGRAPH CHILD

I give permission for my child to be photographed for use within HCC for the purpose of check in/identification [REQUIRED]
 I give permission for my child to be photographed for use in such things as photo albums, public displays, or local press releases, and to appear on the HCC website or in media coverage approved by Haddonfield Child Care [OPTIONAL]

Signature of Parent/Guardian

Date

PERMISSION FOR MY CHILD TO PARTICIPATE IN WALKING TRIPS

I hereby give permission for my child to leave the program site under the direct supervision of Haddonfield Child Care staff for neighborhood walking trips. These trips may include visits to community buildings, restaurants, stores, and other public places. Otherwise, I agree to make alternate arrangements for my child should I wish them to be excused from a trip for any reason.

Signature of Parent/Guardian

Date