



## ACKNOWLEDGEMENT FORM

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 Family Handbook and all HCC Policies which are available on the HCC website ([www.haddonfieldchildcare.org](http://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 DCF "INFORMATION TO PARENTS" STATEMENT AND COMMUNICABLE DISEASE POLICY**

I have received and reviewed the written statement provided by the Office of Licensing of Department of Children and Families, and the Communicable Disease Policy distributed to me by Haddonfield Child Care.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **RECEIPT OF STATEMENT REGARDING RELEASE OF CHILDREN AND EXPULSION POLICY**

I have received, reviewed, and agree to abide by the HCC Statement on Release of Children and Expulsion 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]**  
 **YES**  **NO** I give permission for my child to be photographed for use in such things as photo albums, public displays, local press releases, HCC website, HCC Facebook page, or in media coverage approved by Haddonfield Child Care.

\_\_\_\_\_  
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

### **PARENT NOTIFICATION AND SOCIAL MEDIA POLICY**

I have received and reviewed HCC's policy on the notification of parents/guardians and HCC's Social Media Policy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date