



Please complete the following information, initial/date each statement and sign below.

Child's name: \_\_\_\_\_ Date of attendance \_\_\_\_\_

Parent's Name (please print your name here): \_\_\_\_\_

Parent's new telephone number: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

#### Summary of NC Child Care Law

I have received a copy of the Summary of NC Child Care Law. INITIALS \_\_\_\_\_

#### Travel and Activity Authorization

I give permission to this facility for my child to participate in the following activities: 1) trips in the van/automobile (facility or parent-owned) as long as I am notified in writing and in advance and I sign a Travel and Activity authorization form that specifically explains when and where the planned activity will occur, 2) field trips away from the facility as long as I am notified in writing and in advance and I sign a Travel and Activity authorization form that specifically explains when and where the planned activity will occur. I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. In addition, if the facility has planned activities outside the fenced area of the facility. I will allow my child to participate in activities outside the fence area (such as parking lot, nature walks, play, fire drills etc.) INITIALS \_\_\_\_\_

#### Prevention of Shaken Baby Syndrome and Abusive Head Trauma (July, 2018)

I have read and received a copy of Overhills Child Development Center Policy. An OCDC staff member has discussed the Prevention of Shaken Baby Syndrome and Abusive Head Trauma policy. INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

#### Discipline and Behavior Management Policy:

I have read and received a copy of the facilities' Discipline and Behavior Management Policy. The facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me. INITIALS \_\_\_\_\_

#### Parent Handbook: (Date Adopted December 19, 2014)

I have read and received a copy of the facility's operational policies (parent handbook). The facility's director (or other designated staff member) has reviewed the policies with me. INITIALS \_\_\_\_\_

#### Safe Sleep Policy: (Date Adopted – July 20, 2018)

If my child is younger than 12 months old, I have read and received a copy of the facility's safe sleep Policy. The facility's director (or other designated staff member) has discussed the facility's Safe Sleep Policy with me. INITIALS \_\_\_\_\_

#### Smoking and Tobacco Restriction

Children must be in a smoke free and tobacco free environment. Smoking and the use of any product containing, made, or derived from tobacco, is not permitted on the premises. INITIALS \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_