

**Parents or Guardian's
Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, _____, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents or Guardian's Signatures

Date

Parent or Guardian (Print Names)

Date

Center Director's or Person in Charge

Signature Date

Parental Agreements with Child Care Facility

The Oasis _____ agrees to provide day care for
(Name of Facility)

_____ on _____ 2:30 a.m. to 3:00 p.m.

(Name of Child) (Days of Week)
from _____ to _____
Month Month

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Oasis _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

Oasis _____
(Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____
(Parent/Guardian)

Date: _____

Signed: _____
(Facility Administrator/Person-In-Charge)

Date: _____

Parent/Student Handbook Acknowledgement

Please sign this acknowledgement, detach it from the handbook, and return it to the center prior to enrollment.

The handbook may be updated from time-to-time, and notice will be provided as updates are completed.

Thank you for your cooperation, and we look forward to getting to know you and your family.

I have received the **Oasis Child Enrichment Center Family Handbook**, and I have reviewed the family handbook with a member of the **Oasis Child Enrichment Center** staff. It is my responsibility to understand and familiarize myself the Family Handbook and to ask center management any questions I may have regarding any policy, procedure or information contained in the **Oasis Child Enrichment Center Family Handbook**.

Student Signature

Recipient Signature

Date

Center Staff Signature

Date
