

Holt Public Schools Child Care/Preschool Acknowledgement Form

Child's Name _____

School Year _____

Program Site (please circle): Dim Ell Hope Hzn Mid Syc Wil WW

*****Please read and initial on the line provided next to each statement. Also write your name, signature and date at the bottom of this page.**

Student Accidents, Injury, & Insurance

_____ I have read the letter from Superintendent Dr. David Hornak regarding student accidents, student accident insurance and resulting medical expenses. I am aware that Holt Public School students (and participants of Holt Public School sponsored activities including the preschool and child care programs) and any expenses or costs related to student accidents and student injuries are not covered by any district insurance.

Statement of Good Health

_____ As the parent/guardian of _____, I attest to the following:

1. My child is in good health.
2. I assume responsibility for my child's health while at preschool.
3. My child has obtained all immunization shots/boosters required by the state of Michigan, as well as any additional health requirements of Holt Public Schools AND/OR an immunization waiver is on file.
4. I will inform my child's preschool teacher of any changes in my child's physical health, and/or emotional/psychological conditions, as well as any health restrictions, allergies or medications.

Field Trip Permission

_____ I give permission for my child to participate in field trips while attending the Holt Public Schools Preschool/Early Childhood Program. I understand these field trips may consist of Holt Public Schools bus transportation or may be walking field trips. My child's teacher will inform me well in advance of these trips.

Notice of Availability of Licensing Notebook

_____ A notebook containing information regarding State of Michigan Child Care Licensing Inspections is available for parent/guardian review during regular business hours. This notebook contains licensing and special investigation reports/related corrective action plans since May 28, 2010. Licensing inspection and special investigation reports from at least the past 2 years are available on the child care licensing website at www.michigan.gov/michildcare.

Concussion Awareness

_____ I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Holt Public Schools.

Parent Handbook

_____ **I have received and read the Preschool Parent Handbook (if enrolling in preschool) OR the Child Care Parent Handbook (if enrolling in child care):** I hereby acknowledge receipt of the appropriate Parent Handbook and agree to abide by its terms and conditions.

By signing below, I am acknowledging, as parent or guardian of the child listed at the top of this form, I have received and read the above said documents. Furthermore, I understand and will abide by the statements listed on this page.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____