Quantico CYP Parent Handbook Acknowledgement Signature Page

I have read and understand the Parent Handbook. I acknowledge that I have read and understand the Standard Operating Procedures below, which are located in the CYP Parent Handbook and that I have received an orientation by the program.

Please place your initial next to each topic below:

_____ Child Abuse Reporting

_____Touch Policy

_____Intoxication Waiver

_____Biting Policy

_____Positive Guidance Policy

_____Staff to Child Ratio Guidelines

_____Payment Policy

_____Late Pick Up Policy/Fees

_____Mutual Respect Policy

_____Wellness Checks and Dismissals

In the event of a medical emergency, I consent for my child to be transported to the nearest hospital via an ambulance. I understand that if I am not present when the ambulance leaves the facility, a staff member at the program site will accompany my child to the hospital. I understand that the designated hospital is Stafford Hospital, although the hospital the child is routed to may change due to traffic and other situational circumstances.

_____
Child Name

_____ _____
Parent/Guardian Name Parent/Guardian Signature and Date

_____ _____
Center Director Signature Date