In compliance with enrolling my child in Grace Montessori Academy, Inc., I promise to pay the tuition amount agreed to below each week:

Registration Fee:
- □ $20 per child (non refundable)
- □ $40 Annual Supplies Fee Infants through Primary billed each November

Weekly Fee:
- □ $182 per week for One Year Olds
- □ $157 per week for Two Years Old
- □ $156 per week for Three to Five Year Olds

I will pay ***weekly payments*** of $_____ for the program(s) selected above with the first payment due prior to attendance. Each payment thereafter is due on the Friday ***proceeding*** the week of attendance. **All payments not received by 5:30pm on Monday will be charged a $10 per day late fee**. I will continue these payments until the child is withdrawn by submission of a **two-week notice of withdrawal**. (Monthly payments are also acceptable and should be made on the first of each month.)

If default is made on any payments covered in this contract, Grace Montessori Academy, Inc. reserves the right to dismiss the child(ren) until all financial obligations have been met, with reinstatement only if space is available.

In the event the parent/guardian fails to pay for child care services, that party will be turned over to a collection agency. Payment fees will continue to build up at the daily rate until that balance is paid in full. The responsible party will be accountable for any costs related to the collection of fees, including - but not limited to attorney's fees and court costs.

Child's Name: _____ DOB: ____/____/_____

Parent/Guardian (Print) _____
Parent/Guardian (Sign) _____ Date_____/____/_____

Parent Email Address:_____

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Child's Information and Emergency Information

Application Date_____ Date of Enrollment_____
Door Code _____

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:
Father/Guardian's Name_____ Cell Phone _____
Address_____ Zip Code_____
Where Employed _____ Business Phone _____

Mother/Guardian's Name_____ Cell Phone _____
Address_____ Zip Code_____
Where Employed _____ Business Phone _____

INFORMATION ABOUT YOUR CHILD:
Does your child have any known allergies:
No☐Yes☐ Explain:_____
Does your child have any chronic illnesses/conditions: No☐ Yes☐
Explain:_____

EMERGENCY CARE INFORMATION:
Name of child's doctor _____ Office Phone_____
Address_____
Hospital preference___Albemarle Sentara Medical Center, Inc._____Phone __335-0531_____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name_____ Cell Phone _____ Office Phone _____
Name_____ Cell Phone _____ Office Phone _____
If you cannot call for your child, please give the names of persons to whom the child can be released:
_____
_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____
(Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

_____
(Signature of Operator) (Date)

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EMERGENCY MEDICAL INFORMATION

Name: _____
Last First M.I. Nickname

Address: _____ City: _____ State: _____ Zip _____

Date of Birth _____ Home Phone: (_____)_____

Male (☐) Female (☐) Child lives with (☐) Mother (☐) Father (☐) other (specify) _____

Moms full name _____ Mom's employer _____
Moms cell # _____ Mom's work # _____ other # _____

Dads full name _____ Dad's employer _____
Dads cell # _____ Dad's work # _____ other # _____

List 2 other adults to contact in case of an emergency, and parents are unable to be reached.

1. _____ relationship to child _____ phone # _____

2. _____ relationship to child _____ phone # _____

List any health concerns (include chronic condition, limitations, medications, special needs, etc)

_____

_____

Child's pediatrician _____ pediatrician's number (___)_____

I hereby authorize officials at Grace Montessori Academy, Inc. to contact directly the persons named on this card and do authorize the physician or his associates to render treatment to my child in the event of an emergency and I am unable to be reached.

I HAVE READ THIS AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

Date: _____ Signature of Parent/Guardian _____

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Child's Medical Report

DCD0108
12/99

Name of Child: _____Birthdate:_____

Name of Parent or Guardian_____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No☐ Yes☐ If yes, what?
2. Is child currently under a doctor's care? No☐ Yes☐ If yes, for what reason?

_____

3. Is the child on any continuous medication? No☐ Yes☐ If yes, what?

_____

4. Any previous hospitalizations or operations? No☐ Yes☐ If yes, when and for what?

_____

5. Any history of significant previous diseases or recurrent illness? No☐ Yes☐ ; diabetes No☐Yes☐; convulsions No☐ Yes☐; Heart trouble No☐ Yes☐; Asthma No☐ Yes☐.
   If others, what/when?_____
6. Does the child have any physical disabilities: No☐ Yes☐ If yes, please describe:

_____

Any mental disabilities? No☐ Yes☐ If yes, please describe:_____

Signature of Parent or Guardian_____**Date**_____

Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____% Weight _____%

Head_____ Eyes_____ Ears_____ Nose_____
Teeth_____Throat_____
Neck_____ Heart_____Chest_____Abd/GU_____Ext_____
Neurological
System_____Skin_____Vision_____Hearing_____
Results of Tuberculin Test, if given: Type_____date_____ Normal_____Abnormal_____
Follow-up_____

Developmental Evaluation: Delayed_____Age appropriate_____
If delay, note significance and special care needed; _____
_____

Should activities be limited? No☐ Yes☐ If yes, explain: _____
Any other
Recommendations:_____

Date of Examination_____
Signature of authorized examiner/title_____ **Phone #**_____

Date Application Completed_____ ____ GRACE Montessori Academy Date of Enrollment_____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION: Date of Birth: _____

Full Name:_____

Last First Middle Nickname

Child's Physical Address:_____

FAMILY INFORMATION: Child lives with: _____

Father/Guardian's Name _____ Home Phone_____

Address (if different from child's) _____ Zip Code _____

Work Phone_____ Cell Phone_____

Mother/Guardian's Name _____ Home Phone_____

Address (if different from child's) _____ Zip Code _____

Work Phone_____ Cell Phone_____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions. _____

_____

_____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

_____

_____

List any particular fears or unique behavior characteristics the child has_____

_____

List any types of medication taken for health care needs_____

Share any other information that has a direct bearing on assuring safe medical treatment for your child_____

_____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian_____Date_____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator_____Date_____

Grace Montessori Academy, Inc.
Discipline and Behavior Management Policy

Date Adopted 07/01/2015

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

DO praise, reward, and encourage the children.
2 DO reason with and set limits for the children.
DO model appropriate behavior for the children.
DO modify the classroom environment to attempt to prevent problems before they occur.
DO listen to the children.
6 DO provide alternatives for inappropriate behavior to the children.
7 DO provide the children with natural and logical consequences of their behaviors.
DO treat the children as people and respect their needs, desires, and feelings.
DO ignore minor misbehaviors.
DO explain things to children on their levels.
DO use
2 DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of_____(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____Date_____

Grace Montessori Academy Inc.
104 Commercial Blvd
Elizabeth City NC 27909

Discipline and Behavior Management Policy

"To let the child do as he likes when he has not yet developed any powers of control, is to betray the idea of freedom,"
– Maria Montessori

At Grace Montessori Academy it is our goal to promote each child's physical, intellectual, emotional, social, and spiritual well-being and growth. The staff believes that self-discipline is the desired goal of all people. To this end, the staff provides the children with clear examples of positive behavior and how to act in specific situations through Grace and Courtesy lessons. We believe that prevention of inappropriate behavior, based on clear expectations, is best. Expectations are developed and discussed with students in an age appropriate manner.

We, as a staff, do not believe in threats of reward or punishment. Natural and logical consequence is used as a means of helping the child to develop inner limits. If a child is disruptive or endangers himself or others, we will stop that child. Expectations will be verbally clarified. If these measures should not work and if a child should continue to lack self-control, a teacher will separate the child from the group, but continue to supervise him/her until he/she regains control to resume normal class activity. If a persistent breakdown occurs, parents will be notified. If a child should show some of the behaviors below on a continual basis and it cannot be modified, we may request that the child leave the program. Such behaviors include but are not limited to:

- Constant over activity, undirected toward any specific activity
- Inability to follow even simple instructions or requests
- Uncontrolled emotional state when spoken to
- Being destructive to the room and the materials
- Physical aggression towards other children, staff or danger to self
- Being unable to separate from the parents after one month of attendance
- **2 biting incidents by a child 2 years old and under, 1 biting incident by a child 3 years old and over**

When a child demonstrates an inability to respond appropriately to ordinary discipline the following steps will be taken:

1. Parent will be notified and the teacher and Head of School will meet with the child's parents to discuss concerns.
2. Next offense- Parents will be notified and met with to discuss concerns. Parents will be called to remove the student from school immediately for that day.
3. Last offense- Expulsion from school

The Director of the school reserves the right to review each situation and respond to the needs of our students and staff and serve their best interests while preserving the integrity of our programs.
I, the undersigned parent or guardian of_____(child's full name), do hereby state that I have read and received a copy of Discipline and Behavior Management Policy and that the Director (or other designated staff member) has discussed the policy with me.

Date of Child's Enrollment: _____
Signature of Parent or Guardian: _____
Date: _____

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Consent Waiver and Release

Child's Name_____

Parent's Name _____

Address _____

City _____Zip Code _____

Phone (_____) _____ - _____

- I hereby give permission to Grace Montessori Academy, Inc. to prepare, use, reproduce, publish, and/or exhibit my, and/or my child's picture, portrait, and/or likeness for use in their news, Facebook Page and public relations programs. Any photograph, news report, story, or article may be used without prior examination of the finished product.
- I hereby waive my rights to privacy in connection with the consent above given and I hereby release, discharge and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind.
- I do not give Grace Montessori Academy, Inc. permission to use my child's picture other than in the classroom

Signed _____

Relationship_____

Date_____

Blanket Permission to Administer Sunscreen or Insect Repellent

Name of Child:_____

Time Period of Authorization: While enrolled at Grace Montessori Academy, Inc.
Note: Over the counter topical medications such as sunscreen and insect repellent can be authorized for up to 12 months

Name of Sunscreen or Insect repellant: Rocky Mountain Sunscreen SPF 50
Please label product with child's name and store out of reach of children (5ft or higher). Aerosol products and insect repellant must be kept in locked storage. If using one type of product for entire group, label with facility name.

Amount to be given: (check one)

☐ **Apply liberally to exposed skin**

☐ **Other**

Times to be given: (check one)

☐ **Prior to outdoor play**

☐ **When weather or insect conditions require**

Detailed application instructions: Apply to sun exposed skin prior to outside play to help prevent sunburn.

Signature of Parent/Guardian:_____ **Date:**_____

Received by:_____ **Date:**_____

(staff person receiving medication)

OFF-PREMISE ACTIVITY AUTHORIZATION

Off-Premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, _____parent/guardian of

_____give my permission to

Grace Montessori Academy, Inc. for my child to participate in an off-premise activity.

Location of Off-premise activity: **Outside of fenced area**

Purpose of the Activity: **Special Center Events and Fire Drills**

Additional Information: _____

_____**Parent/Guardian Signature**

_____**Date Signed**

This authorization is valid during enrollment.

Water Play Permission

Grace Montessori Academy, Inc. has many activities involving water while enrolled at the center. These include, but are not limited to:

- Water sensory table
- Water bottles
- Sprinklers & Water Hoses
- Slip & Slide

Upon signing this form, you agree to permit your child/ren:

_____ Age:_____

_____ Age:_____

To participate in water activities.

- ☐ Approve
- ☐ Do not approve

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services.

Parent/Guardian:_____ Date:_____

Provider Signature_____ Date:_____

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Child Information Sheet

Today's Date:_____

Child's Name:_____ Child's Birthday:_____

Please list all people and their phone numbers that are allowed to pick up your child:

1. _____
2. _____
3. _____
4. _____

Please list any persons who are **FORBIDDEN** to pick up your child:

1. _____
2. _____
3. _____

Please list emergency contacts in the event we are not able to get up with the child's parents:

1. _____ Phone Number:_____
2. _____ Phone Number:_____

Nutrition Opt Out Form

Effective July 1, 2012, changes occurred to General Statute 110-91(2)h.1 to give parental exceptions that allow a parent or guardian of a child enrolled in a child care facility may: (i) provide food and beverages to their child that may not meet the nutrition standards adopted by the NC Child Care Commission and (ii) opt out of any supplemental food program provided by the child care facility.

Effective December 1, 2012, child care rules were ratified to implement the law. Child Care Rules .0901(c) and 1706 (b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and
(Parent/Guardian Print Name)
drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

_____ _____
Parent/Guardian Signature Date

Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Grace Montessori Academy, Inc. Policy

Parent or guardian acknowledgement form

I, the parent or guardian of _____
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

_____ _____
Date policy given/explained to parent/guardian **Date of child's enrollment**

_____
Print name of parent/guardian

_____ _____
Signature of parent/guardian **Date**

Meal Patterns for Children in Child Care Programs

The Child Care Commission approved the use of the United States Department of Agriculture (USDA) meal patterns as the minimum amount of food which can be served to comply with the licensing standards for adequate nutrition. The Recommended Dietary Allowance is based on the age, sex, weight, and height of an individual.

	Child Meal Pattern		
Breakfast	1-2 year olds	3-5 year olds	6-12 year olds
Milk—must be fluid milk	1/2 cup	3/4 cup	1 cup
Vegetable or fruit or 100% fruit juice	1/4 cup	1/2 cup	1/2 cup
Grains/Breads—must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Cooked pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Lunch or Supper	1-2 year olds	3-5 year olds	6-12 year olds
Milk—must be fluid milk	1/2 cup	3/4 cup	1 cup
Meat/Meat alternate			
Lean meat, poultry, or fish without bone	1 oz	1 1/2 oz	2 oz
OR, Alternate protein product	1 oz	1 1/2 oz	2 oz
OR, Cheese	1 oz	1 1/2 oz	2 oz
OR, Egg (large)	1/2 egg	3/4 egg	1 egg
OR, Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
OR, Peanut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
OR, Nuts and/or seeds	1/2 oz	3/4 oz	1 oz
OR, Yogurt, plain or sweetened	4 oz	6 oz	8 oz
Vegetable or fruit or 100% fruit juice—serve two different vegetables and/or fruits to equal	1/4 cup	1/2 cup	3/4 cup
Grains/Breads—must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Cooked pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Snack—select 2 of the 4 components	1-2 year olds	3-5 year olds	6-12 year olds
Milk—must be fluid milk	1/2 cup	1/2 cup	1 cup
Vegetable or fruit or 100% fruit juice	1/2 cup	1/2 cup	3/4 cup
Grains/Breads—must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Meat/Meat alternate			
Lean meat, poultry, or fish	1/2 oz	1/2 oz	1 oz
OR, Alternate protein product	1/2 oz	1/2 oz	1 oz
OR, Cheese	1/2 oz	1/2 oz	1 oz
OR, Egg	1/2 egg	1/2 egg	1/2 egg
OR, Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
OR, Peanut or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
OR, Nuts and/or seeds	1/2 oz	1/2 oz	1 oz
Or, Yogurt, plain or sweetened	2 oz	2 oz	4 oz

Infant/Toddler Safe Sleep Policy

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff.

Grace Montessori Academy implements the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
   - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
   - **the infant is 6 months or older** (choose one)
     - ☑ We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.*
     - ☑ We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

   We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
   - ☑ We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.*
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
   - ☑ We check infants 2-4 month of age more frequently.*
5. We maintain the temperature between 68-75°F in the room where infants sleep.
   - ☑ We further reduce the risk of overheating by not over-dressing infants*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
   - ☑ We further encourage breastfeeding in the following ways:*_____
     _____

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We do not allow pacifiers to be used with attachments.
10. Safe pacifier practices:
    - ☑ We do not reinsert the pacifier in the infant's mouth if it falls out.*
    - ☑ We remove the pacifier from the crib once it has fallen from the infant's mouth.*
11. We do not allow infants to be swaddled.
    - ☑ We do not allow garments that restrict movement.*
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
    - ❑ We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
16. Posters and policies:
    - **Family child care homes:** We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
    - **Centers:** We post a copy of this policy in the infant sleep room where it can easily be read.
      - ☑ We also post a safe sleep practices poster in the infant sleep room where it can easily be read.*

Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.
    - ☑ We review the policy annually and make changes as necessary.*

***Best practice recommendation.**

Effective date:_____ Review date(s): _____ Revision date(s): _____

I, the parent/guardian of _____(child's name), received a copy of the facility's Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it with the facility director/operator or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature:_____ Date: _____

Facility Representative Signature: _____ Date: _____