

CHILD'S NAME:

1. ARTICLE XV, B, 8, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
2. ARTICLE IX, C, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XV, B, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

Signature of Parent or Guardian

Date

5. ARTICLE XII, 2, PBC Rules require the parent and the center complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. **ALTERNATE NUTRITION PLAN AGREEMENT:**

Indicate Special Dietary Requirements:

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)



Breakfast



A.M. Snack



Noon Meal



P.M. Snack



Dinner



Evening Snack



Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Date


Signature of Owner/Operator

Signature of Parent or Guardian

Date