

Program Policy Form

Please return this form to Red Sneakers after you have read the handbook

I _____ have read and understand the following policies as they pertain to my child's participation in the program at Red Sneakers

Child's Name: _____ Parent/Guardian: _____

PLEASE INITIAL ONCE YOU HAVE FULLY READ EACH POLICY:

<u>Program Policy</u>	<u>Parent's Initials</u>
Philosophy & Goals, Program Staff	_____
Building, Admission & Program hours	_____
Fees, Payment Policies	_____
Enrollment & Attendance, Holiday & Vacation	_____
Information, Arrival & Dismissal, Snacks	_____
Care of Children after hours	_____
Family Communication	_____
Parent Involvement, Sick days & Illness	_____
Health forms, Admin of medications	_____
Medical Emergency Plans	_____
Non Prescription Medication	_____
Calling Red Sneakers	_____
Inclement Weather, Starting their day	_____
Disenrollment & Special needs	_____
Toys & Clothing	_____
Nap time & Blankets	_____
Security items & dismissal	_____
Rules, behavior and DAP	_____
Supervision of Children	_____
Discipline Practices, written & discussed	_____
Birthdays	_____
Educational policy	_____
Administration of Medications	_____
Daily Schedule	_____
Abuse & Neglect policy	_____

