

Please return this form to Red Sneakers prior to your child's first day.

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's name/s _____

PLEASE INITIAL ONCE YOU HAVE FULLY READ EACH POLICY:

<u>Program policy</u>	<u>Parent's Initials</u>
Philosophy and Goals page 1	_____
Program, staff & building page 2	_____
Admission & program hours page 3	_____
Fees, payments, holidays page 3 & 4	_____
Information, arrival & dismissal page 4	_____
Snacks & lunches, parent involvement page 5	_____
Field trips & sick days page 5	_____
Medications, calling page 6	_____
Inclement weather page 6	_____
Starting their day, trial period page 7	_____
Toys and clothing page 8	_____
Naptime & blankets page 9	_____
Security items & Dismissal page 9	_____
Rules, behavior and DAP page 10	_____
Discipline practices & project art page 11	_____
Word of the day page 11	_____
Birthdays and Visitors page 12	_____
Red Sneakers Daily Schedule page 13	_____