

**VERIFICATION OF PARENT/GUARDIAN REVIEW AND RECEIPT  
OF CENTER POLICIES AND PROCEDURES  
(5101:2-12-30, OAC)**

- Licensing Information**
- Center Program Information**
- Guidance & Management Policy**
- Supervision of Children Information**
- Food Information**
- Procedures for Emergencies and Accidents**
- Management of Illness**
- Transportation of Children**
- Swimming Policy (if applicable)**
- Outdoor Play Policy**
- Parent Participation Policy**
- Evening/Overnight Care Information (if applicable)**
- Fees, Overtime Charges**
- Registration, Permanent Disenrollment Information**
- Enrollment and Health Information which is required for admission**
- Additional Center Policies (if applicable)**

I have received and reviewed all of the above information.

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_