



# HANDS Program Release Policy

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Child's Legal Name: \_\_\_\_\_ School Attending \_\_\_\_\_

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**PROCARE CHECK-IN:** Do NOT share your ID and Password with "Anyone", as the system creates an electronic signature for each individual.

**ID & PASSWORD:** Every authorized individual will create their own ID & Password. DO NOT SHARE ID & PASSWORDS.

**AUTHORIZED PICK-UP/DROP-OFF:** Authorized pick up/drop off individuals will need to have a picture ID and MUST BE 16 years of old, in order to drop-off/pick-up child from HANDS.

**AUTHORIZED PERSONS:** Changes to Authorized individuals must be done by the account holders (Primary Payer or Secondary Payer) with the HANDS Office.

**LATE PAYMENT POLICY:** If payment is not received by the end of each month and my account has a balance owing, a \$10.00 late fee will be added to the account balance.

**LATE PICK-UP POLICY:** Centers close at 6:00 pm. If my child is picked up after 6:00 pm, \$5 for every 15 minutes/per child late fee will be added to my account balance.

**MEDICATION POLICY** ~ HANDS does not give children over-the-counter medications. If your child takes prescription medicine contact the HANDS office.

**HANDS PARENT HANDBOOK** ~ I acknowledge that I have received and understand that it is my responsibility to read, review and abide by all program procedures as stated in the HANDS Parent Handbook.

**IMMUNIZATIONS** ~ I give HANDS permission to obtain a copy of my child's immunization records from the GFPS school records. (**NO CHILD** may attend a licensed childcare center with a Religious Exemption on immunizations per Montana State Child Care Licensing.)

**HANDS PHOTO RELEASE** ~ Occasionally, throughout HANDS programs, photo's videos are taken of children. Unless indicated below, by signing this registration form, you are giving consent for your child's photo/video to be included in HANDS promotional material. The children's names are NEVER disclosed.

DO NOT Photograph or videotaped above mentioned child.

Primary Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_