

All Kids Academy

I have received and read All Kids Academy's operational policies and acknowledge receipt of the following:

Please initial

\_\_\_\_\_ Discipline Policy

\_\_\_\_\_ Safe Sleep Policy

\_\_\_\_\_ Tobacco Policy

\_\_\_\_\_ Parent Participation Policy

\_\_\_\_\_ Prevention of Shaken Baby Syndrome and Abusive Head Trauma

\_\_\_\_\_ Privacy Act

\_\_\_\_\_ Summary of Child Care Laws

\_\_\_\_\_ Tuition Policy

\_\_\_\_\_ Sick Policy

\_\_\_\_\_ Closings

Childs name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_