

**LEGAL GUARDIAN POLICY  
ACKNOWLEDGEMENT AND AGREEMENT**

I, \_\_\_\_\_ hereby acknowledge that I/we have  
Legal Guardian(s) Name

read and understand the policies outlined in the Curve Lake Day Care Centre Parent Manual.

By initialing below I/we acknowledge that we agree to comply with the following policies:

1. That should my child become ill at day I am required to pick up my child up immediately. \_\_\_\_\_.
2. That drop off is before 9:00 am for all programs except the Infant Room \_\_\_\_\_.
3. That pick time is 5:30 pm. \_\_\_\_\_.
4. I/we are responsible for notifying staff of any medications and filling out the proper paperwork. \_\_\_\_\_.
5. Should my child require busing that there is only one destination. \_\_\_\_\_.
6. I/we are responsible for ensuring that the day care has a contact number at all times \_\_\_\_\_.
7. That I/we are responsible for notifying the day care as well as the Peterborough County Health Unit as soon as possible when my child is immunized. \_\_\_\_\_.

Legal Guardian's Signature: \_\_\_\_\_

Day Care Centre Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form updated October 24th, 2011