

In accordance with the State of Michigan, Department of Human Services (R. 400.8146(1) & (2)), I certify that I am in receipt of the following information:

_____ Criteria for Admission and Withdrawal (sections 1.2 & 1.4);

_____ Schedule of Operations (section 2);

_____ Fee Policy (Provided independent of this handbook);

_____ Discipline Policy (section 8.4);

_____ Food Service Policy (section 6);

_____ Program Philosophy (page 4);

_____ Typical Daily Routine (section 2.2);

_____ Parent Notification Plan for accident, injuries, incident and illnesses (section 7);

_____ Exclusion Policy for Child Illness (section 7.2); and

_____ Notice of Licensing Notebook Availability (section 12.3)

Student's Name: _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date