



WOODBIDGE PLAY-CARE PARENT POLICY ACKNOWLEDGEMENT

We, _____, the parents of _____,
(Parent(s) / Legal Guardian(s)) (Child's / Dependent's Name)

have read and understand the Annandale Play-Care, Inc. policies listed below. If it becomes apparent that adherence to these policies is not followed, Annandale Play-Care, Inc. reserves the right to withdraw any student and/or their family.

POLICY ACKNOWLEDGEMENT

1. Infection Control Policy → Acknowledge _____ (Initials)
2. Sick Child: 24 Hour Rule Policy → Acknowledge _____ (Initials)

Your signature/initials below is to indicate that you have read and understand the listed above policies and agree to all terms listed in policies. Additionally,

SIGNATURES

_____	_____
Mother / Legal Guardian	DATE
_____	_____
Father / Legal Guardian	DATE
_____	_____
APC Rep. or Administrator	DATE