

# UWEC Children's Nature Academy

## Acknowledgement of Receipt of Policies

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

\_\_\_\_\_  
Signature: Parent/Guardian

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I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

\_\_\_\_\_  
Signature: Parent/Guardian

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I give permission for my child \_\_\_\_\_ to participate in all field trips and other activities during operating hours and to leave the fenced play area of UWEC Children's Nature Academy under direct supervision of child care staff.

Transported       Walking

\_\_\_\_\_  
Signature: Parent/Guardian

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I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

\_\_\_\_\_  
Signature: Parent/Guardian

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Enrollment Date