

# Trinity Baptist Weekday Preschool

4815 Six Forks Road, Raleigh, NC 27609

Telephone: (919) 787-3740

## *\*Receipt of Policies and Handbook Acknowledgement*

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

## *Summary of the NC Child Care Law Acknowledgement*

I have received a copy of the Summary of the North Carolina Child Care Law.

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

## *Prevention of Shaken Baby Syndrome & Abusive Head Trauma Policy*

I, the parent or guardian of \_\_\_\_\_  
Child's Name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_ Date policy given/explained to parent/guardian

\_\_\_\_\_ Date of child's enrollment

Print name of Parent/Guardian \_\_\_\_\_

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

## *Permission to Play Outside the Fenced Area*

During our preschool day, our teachers and children may go on nature walks, travel through our church building, attend weekly Music & Movement class in our youth wing, play in the Recreation Outreach area (Gymnasium) or play in our church courtyard. Please sign below to authorize these experiences.

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

## *Receipt of Behavior Management Policy*

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

## *No Smoking & Tobacco Restriction Acknowledgement*

I have received notification regarding the Smoking and Tobacco Restriction.

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

\*Please be sure to review our inclement weather policy.