STATEMENT OF UNDERSTANDING
Marine Corps Ball Care use only

1._____ I understand that I must register with Resource and Referral prior to using care.

2._____ I understand that this is a one time use application only for the purpose of MC Ball Care.

3._____ I understand that immunization records are required for registration.

4._____ I understand the Child and Youth Programs (CYP) touch policy is on the premise that positive Physical contact with children, youth and teens is necessary for their guidance and wellbeing.

5._____ I understand that CYP personnel are "mandated reporters" of any suspected of child maltreatment or neglected.

6._____ I understand that the drop off time is _____ and pick up time is _____.

7._____ I understand that meals and/or snacks are provided based on the length of care.

8._____ I understand that if my child gets ill during this care, I will be notified to pick up my child up within 1 hour of notification.

9._____ I understand that I must label all items such as bottles, jar food, bags, etc.

10._____ I understand MCCS is not responsible for any items lost or stolen.

11._____ I understand that this packet will expire after Ball Care service are rendered.

12._____ Children will not be released to parents who appear intoxicated. Parents must ensure they have a designated pick-up person who has not been drinking.

13._____ I understand that my child must be potty trained in order to utilize Pre-School.

Please identify any allergies, food restrictions, special needs or medical conditions pertaining to your child.

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_____

I, _____ parent/guardian of _____ give
(Parent's Name) (Child(ren)'s Name)
consent for a CYP representative to authorize transportation of my child/youth/teen for medical or dental care in an emergency where the child's condition presents as a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me.

_____ _____

Parent's Signature & Date CYP Representative's Signature & Date