



Immunization, Handbook, Medical Care, Research, and Code of Civility Acknowledgements and Authorizations Form

The following contains the permissions and acknowledgments that must be completed in order for your child to attend education programs or receive services at UCP of Central Florida. **Please read each statement carefully before signing.** Your signature states your understanding of and agreement with UCP of Central Florida policies, procedures and your acceptance of financial responsibility for your child's services.

Receipt of Parent Handbook

Disciplinary Practices are contained in the UCP of Central Florida Parent Handbook. The parent's or legal guardian's signature verifies receipt, understanding and acceptance of all the policies in the Parent Handbook. Please complete the following:

I, _____ have received, understand and accept the UCP of Central Florida Parent Handbook Policies.

Signature of Parent or Legal Guardian

Date

Physical & Immunization Requirements and Disciplinary Practices Acknowledgment

Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of your child's enrollment/start date.

Section 65C-22.006(4) ©2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child-care facility.

By signing below, you verify that you have received the above items and that all information on the enrollment form is complete and accurate.

Signature of Parent or Legal Guardian

Date

Medical Care

In the event that UCP of Central Florida is unable to reach a parent/guardian, I/we authorize the personnel of UCP of Central Florida, its directors, or its staff to obtain medical treatment for my child and provide personal health information confidentially to the instructors and any medical personnel and emergency care facility administering treatment to my child.

Signature of Parent or Legal Guardian

Date

Acknowledgement of Research Based Facility

I/we understand and acknowledge that UCP of Central Florida may have university students and staff on campus and/or in classrooms as part of research-based projects.

Signature of Parent or Legal Guardian

Date

Code of Civility

I/we understand and acknowledge that I have read and agree to adhere to UCP's Code of Civility as stated in UCP's parent handbook.

Signature of Parent or Legal Guardian

Date

Receipt of Know Your Day Care (if student is Pre-K or below)

The parent's or legal guardian's signature verifies receipt, understanding and acceptance of the Know Your Day Care Form. Please complete the following:

I, _____ have received, understand and accept the Know Your Day Care Form.

Signature of Parent or Legal Guardian

Date