Good Health Statement

I _____ verify that my child, _____
Parent/Guardian Name Child's Name

Is in good health and his/her immunizations are up-to-date. A copy of my child's immunizations can be found in the office at (circle one) Pinewood Westwood Briarwood. I assume responsibility for my child's state of health while at Warren Woods S.A.C.C.

The following activity restrictions apply to my child:

1._____

2._____

3._____

_____ _____
Parent/Guardian Signature Date

Warren Woods SACC Lunch Agreement

Parents are responsible to provide their child with a lunch while in our SACC program. This includes all half days, all no school days, and during summer. If you fail to provide a lunch for your child you will called to bring one in for them. Your child must receive a lunch within one hour after we contact you. Please be aware that parents must also provide utensils, napkins, straws and anything else your child may need for their lunch.

Parent's Signature_____