

# HTSACC ACKNOWLEDGEMENT FORM

Name of Child(ren) \_\_\_\_\_

**Please print**

**Parent/Guardian must sign and date next to each item in order for the child to attend**

## **POLICIES & PROCEDURES**

I have read and reviewed the Parent Handbook and all HT SACC Policies & Procedures which are available on the HTSD website ([www.haddontwpschools.com](http://www.haddontwpschools.com)). I understand and agree to follow and abide by all such policies. I am aware that a copy of the policies and procedures as well as the Parent Handbook is also available for my review at my child's program site, and at the HT SACC Office during normal business hours. Policies & Procedures can be subject to change with written notification to parents.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby give permission for the release of information between the staff and administration of my child's school and HT SACC. This may include, but is not limited to, information regarding daily activities, homework, and behavior. Should release of any confidential records be requested, I will be contacted for specific written permission.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **PERMISSION TO PHOTOGRAPH CHILD**

I hereby give permission for my child to be photographed for use in such things as photo albums, public displays, or local press releases, and to appear on the HT SACC website or in media coverage approved by HT SACC.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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