

By signing this form, I (we) confirm understanding that my child's attendance at the Wellness Center Child Care involves close contact with other children whose actions or medical condition might result in personal injury or illness to my child, in spite of precautionary measures taken by the staff. I (we) understand that my child/children will be encouraged to engage in active play and allowed to practice skills such as climbing, running, jumping, etc. while abiding within all safety regulations put forth by the State of North Dakota. I (we) do not hold the NDSU Wellness Center Child Care responsible for injuries or illnesses caused by other children, accidents due to active play, the child's own coordination either while within the premises of the Wellness Center Child Care or while on outings. I (we) understand that we are responsible for the insurance coverage of each child.

By signing this contract, parents/guardians and provider agree to abide by the written policies as stated in this handbook.

Director's Name (print)	Director's Signature	Date
Parent's Name (print)	Parent's Signature	Date
Parent's Name (print)	Parent's Signature	Date

Attention parents:

Licensing requires all parents to be given a copy of our center parent handbook.