Declaration

I confirm that I have read all of the following policies:

•	Safeguard	ling	Pol	licy;
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- · Complaints Policy;
- · Behaviour Management Policy;
- · Partnership With Parents Policy;
- Equal Opportunities Policy;
- Accidents & Incident Policy;
- Illness & Sickness Policy;
- · Medication Policy;
- Health & Safety Policy;
- · Risk Assessment Policy;
- · Fire Safety Policy;
- Alcohol, Smoking & Other Subtances Policy;
- · Healthy Eating Policy;
- · Uncollected Child Policy;
- · Lost Child Policy; and
- · Visitors Policy

and that I agree to the procedures discussed therein.

Child's Name	Parent's Name	Signature	Date