



Cougar Mountain Montessori
RECEIPT OF POLICIES

Child's Name _____ Date _____

Licensing requires us to have verification that parents review the following CMM policies (W.A.C. 170-295-2080). The policies can be found on the school's website link below www.cougarmountainmontessori.org/Policies.aspx. Hard copies are available to review in the office as well.

Please review each policy and check appropriate box:

Complete Health Policy

I agree with this policy, OR I have the following concerns about this policy and wish to speak to the director and/or program supervisor. Please list concerns on the reverse side of this form.

Pest Control Policy

I agree with this policy, OR I have the following concerns about this policy and wish to speak to the director and/or program supervisor. Please list concerns on the reverse side of this form.

Fish Policy

I agree with this policy, OR I have the following concerns about this policy and wish to speak to the director and/or program supervisor. Please list concerns on the reverse side of this form.

Animals on Premises Policy

I agree with this policy, OR I have the following concerns about this policy and wish to speak to the director and/or program supervisor. Please list concerns on the reverse side of this form.

Disaster Preparedness Plan (Incident Command for Disasters in Child Care)

I agree with this policy, OR I have the following concerns about this policy and wish to speak to the director and/or program supervisor. Please list concerns on the reverse side of this form.

Parent Handbook

I have received this booklet, read through it, and have no concerns regarding the information, OR I have the following concerns about this information and wish to speak to the director and/or program supervisor. Please list concerns on the reverse side of this form.

Parent's Signature _____ Date _____

Parent's Printed Name _____