**PLEASE RETURN**

**Family Volunteer/MMR Policy Agreement 2023-2024**

**Confidentiality Statement & MMR Policy:**

*Any parent, legal guardian and/or family member volunteering at In The Beginning Preschool will respect and honor confidentiality of all students regarding their behavioral, social, and academic performance.*

*And I understand that to volunteer in my child’s classroom and on committees I must submit proof of immunity to the Mumps, Measles & Rubella (MMR) diseases.*

*\_\_\_\_ I have attached my Immunization record or test results from the Titer*

 *Test for MMR from my physician as proof.*

*Furthermore, I am signing this to encompass all of my family and/or guardian members who may volunteer throughout the year. This also includes our family’s childcare provider when applicable. I have gone over these procedures with all parties involved prior to volunteering. If you have any questions, I know I can contact the office.*

I have read the Family Volunteer Procedures & MMR Policy in the 2023-2024 Family Handbook. I understand my responsibilities as a volunteer at In The Beginning Preschool and I will follow and respect the Confidentiality Statement and MMR Policy\*.

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Child’s Name Child’s Class

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Parent/Guardian/Employee Signature Date

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Print Parent/Guardian/Employee Name