

**Program Information**

Program name		K8	
		License number	
Street address	City	State	ZIP code
Mailing address			
Phone	Owner		

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

+	Name	Date of birth
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**Agreement and Signature**

- I understand and am aware this program:
  - does not maintain general liability insurance coverage, as defined by Section 707 of Title 36 of the Oklahoma Statutes, of at least two-hundred-thousand dollars (\$200,000) for each occurrence of negligence. This insurance would cover injury to a child due to negligence that occurs while the child is in the care of the child care program.
  - reports self-insurance in accordance with state law.
  - is required to post **Form 07LC093E, Insurance Exception Notification** in a conspicuous location.
    - Select for a copy of **Form 07LC093E, Insurance Exception Notification** which is to be provided to parents upon enrollment or when information changes.
- This form is to be completed:
  - upon child enrollment; and
  - every 12 months thereafter.

Parent or legal guardian name	Parent or legal guardian signature	Date
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