



**Insurance Notification:
Child Care Programs and Family Child Care Homes**



Program Information

Program name _____ License number K8

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

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 _____