

PARENT ACKNOWLEDGEMENT FORM

Child's Name: _____ Age: _____ Birthdate: _____

I understand these policies describe important information regarding the St. Theresa Childcare. If at any time I have questions regarding these policies, I should consult a member of the leadership team or Childcare Advisory Committee.

My relationship with the Center is voluntarily entered into and is subject to termination by me or the Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate.

I acknowledge that I have received, read and understand the policies contained in the parent handbook.

Signature of Parent of Guardian

Date