Parent Signature Page

Child's Name _____

We understand that we have provided you with a wealth of information regarding the care, safety, and education of your child. We encourage you to speak with the director if you have any further questions or if situations arise that need clarification. Your signature by each of the designated items means that you have read, understand, had the opportunity to ask questions and will follow the information presented to you in our enrollment packet.

Parent Handbook: X_____ Date: _____

Family Meeting: This meeting is held within the first 45 days of care to ensure your needs are met by our program.

☐ I choose to meet face-to-face.

☐ I choose to complete a questionnaire.

☐ I choose not to participate in this meeting at this time.

X_____ Date: _____

IEP/IFSP: Children develop at different rates and may need additional supports for them to be successful in the early learning program. It is our desire to partner with you as well as any agency that may be working with your child.

☐ My child does not currently have an IEP/IFSP.

☐ My child has an IEP/IFSP and I will provide a copy to you.

☐ My child has an IEP/IFSP but I do not wish to provide a copy at this time.

X_____ Date: _____