



Confirmation of Receipt

Child's name: _____

I have read the Parent Policy Manual for The Children's Garden and agree to abide by the policies and procedures found within.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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I have read the Illness Policy and agree to abide by the policies and procedures found within.

Parent/guardian Signature

Date

Parent/Guardian Signature

Date

.....

Director's Signature

Date