

Family Home Child Care

P.O Box 351
Stellarton NS
B0K 1S0

Phone: 902-928-2211
Fax: 902- 928-2253

PROMISE OF CONFIDENTIALITY

I, _____ solemnly and sincerely promise that I will fulfill my assigned responsibilities.

Further, as an **employee/ caregiver/ parent/ board member** of the Family Home Child Care Society of Pictou County, I will not disclose any information made known to me by virtue of my position with the Society. I am aware that should I breach this confidentiality, I may be removed from my position with the Family Home Child Care Society of Pictou County.

Signature: _____ Date: _____
(Employee/ Caregiver/ Parent/ Board Member/ Committee Member)

Witness: _____ Date: _____

Caregiver Completes
Staff Completes on Employment
Parent Completes on in-take
Board members complete on recruitment