

**ACKNOWLEDGEMENT OF PARENT RECEIPT
OF
CENTER POLICIES**

Name of Facility: ___THE HOUSE OF SMILES

By signing below I acknowledge that I have received a copy of the child care facility's handbook outlining the center's policies and resources for children with different abilities/needs. They have been explained to me and I have an understanding of the center policies and resources for children with different abilities/needs based on the information received. I agree to read the handbook thoroughly and after reading the handbook, if there is any policy or provision in the handbook that I do not understand, I will seek clarification from the Director.

Parent Signature: _____ Date: _____

Name of child: _____ Age of Child: _____

Director Signature: _____ Date: _____

**To be placed in child's file*