

Parent Acknowledgement Form^{RF16}

- ★ I understand that these policies describe important information regarding Kid Angles. If at any time I have questions regarding these policies, I should consult a member of the management team.
- ★ My relationship with Kid Angles 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, or been informed that the handbook is online, read and understand the policies contained in the parent handbook. I further agree to comply with these policies.

(Please initial that you have read and understand the following policies)

Policy	Initials	Policy	Initials
Admission Requirements		Field Trips	
Hours of Operation		Persons Authorized to Pickup	
Alternate Care		Child Abuse Reporting	
Information Change		Guidance & Discipline	
Closings		Health & Illness	
Arrival & Departure		Teacher Sick Leave	
Late Pickup Policy & Fees		Medications	
Intoxicated Persons		Emergency Care	
Payment & Fees		Disaster Plan	
Progress Reports & Open Door		Termination of Services	

Child/ren's Name(s): _____

Signature of Parent/Guardian

Date

Signature Received by (Center Staff)

Date Received