

**WONDERLAND FAMILY CHILDCARE
KNOWLEDGEMENT OF
SIGNATURE**

CHILD'S NAME _____

The Parent Handbook was email to you to read.

Please return this initialed and signed acknowledgement page along with your Immunization records and the completed registration form along with the other forms given to you.

- ✓ Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care.

I/we have read Wonderland Family Childcare Handbook which outlines the policies and procedures of the program. _____ (initial)

- ✓ I agree to adhere to the Fees and Payment Policies of Wonderland Family Childcare as outlined in this Parent Handbook. _____ (initial)

- ✓ I understand that when I withdraw my child from Wonderland Family Childcare or reduce my child's schedule, I must give a two-week written/ or email or pay any balance of fees that might remain. _____ (initial)

- ✓ After an illness, I understand my child must stay home until he or she has been symptom-free for 24 hours without the use of symptom-masking medication and school children sick need to go home. _____ (initial)

Parent Printed Name

Signature

Date

Parent Printed Name

Signature

Date
