

Policy Signature Form

(Please keep the policy packet for your records but initial, sign and return this form upon registration).

**I have read, understand, and agree to comply with all the policies set forth by
Word of Life Lutheran Preschool.**

Initial Below

- _____ Tuition Agreement
- _____ General Policy Statement
- _____ Guidance and Discipline Policy
- _____ Pest Management Policy
- _____ Withdraw Policy

Child's Name: _____

Parent's Signature: _____

Date: _____

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

