



FIRST ASSEMBLY OF GOD CHILD DEVELOPMENT CENTER

PARENT ACKNOWLEDGEMENT FORM

Child's Name: _____ Date of Birth: _____

I understand that these policies describe important information regarding the First Assembly of God Child Development Center. If at any time I have questions regarding these policies, I should consult a member of the leadership team.

My relationship with the Child Development Center 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, read and understand the policies contained in the parent handbook.

Signature of Parent or Guardian

Date