



Los Altos - Mountain View Children's Corner



ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I have received a copy of the Parent Handbook and agree to follow the policies therein.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Child's Name: _____ Room: _____

Child's Name: _____ Room: _____

Child's Name: _____ Room: _____

(Please complete and bring to office)

THANK YOU!