



## **PARENT RECEIPT OF INFORMATION:**

**Please check each box and sign below.**

- Information to Parents**
- Policy on the Release of Children**
- Positive Guidance and Discipline Policy**
- Policy on Methods of Parental Notification**
- Policy on Communicable Disease Management**
- Expulsion Policy**
- Policy on the Use of Technology and Social Media**

**The Parent/Guardians who signs this receipt of information represents that he/she has the authority to do so and verifies that he/she has read and received a copy of the information/policies listed above and understands and agrees to abide by all of the terms and conditions of these agreements/policies.**

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**Child(ren)'s Name**

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**Parent/Guardian's Name**

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**Signature**

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**Date**