

**PARENT**

**RECEIPT OF INFORMATION:**

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

**□ Information to Parents Document**

**□ 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 the terms and conditions of these agreements/policies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child(ren)’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

***7 Yellow Meeting House Road***

***Millstone Twp., NJ 08514***

***609-208-2114***

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