



Child/Children's Names: \_\_\_\_\_

**Receipt of Summary of TN requirements for Child Care:**

Signature of Parent(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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**Review of the Parent Handbook:**

I acknowledge / plan to review the Parent Handbook that I received via email from the Early Childhood Director and agree to accept and adhere to the policies and procedures.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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**Health Records:**

The faculty/ staff assigned responsibility for the care and education of my child has permission to access my child's health records.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_