Community of Faith Preschool Specific Acknowledgment Form

Child'	's Name First	Middle	Last
Child'	's Birth Date		Lust
1.	I acknowledge that I have received a copy of the parent's handbook/operational policies and I agree that I must abide by the policies and procedures as stated.		
2.	Community of Preschool was recommended by:		
3.	I understand that registration and supply fees are holding a position for my child in a class and that they are NON-REFUNDABLE fees.		
4.	I also understand that I must give 30 days written notice, or pay one-month tuition before withdrawing my child from this program.		
5.	Pictures posted in for program activities, events for educational or promotional materials in print, multimedia, social media or web form. Photos/videos will only be used for purposes related to Community of Faith Preschool program.		
	YesNO		
6.	reasons of conscient official notarization	child from the immuniz nce, including a religious n affidavit from develop re Health Services. I und	s belief. I have attached an ed and issued by the
	I have provided Co most current immu	-	hool a copy of my child's
	Parent's Signature		Date: