Completed Forms Acknowledgement

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, by updating my forms accordingly. (e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, child's food restrictions and immunization records, etc.)

I acknowledge that I have reviewed each form and now certify that the information contained therein is accurate and correct to the best of my ability.

By checking the box below, I agree with the statements above.

☐ Parent Acknowledgement

Parent/Guardian E-Signature: _____ Date: _____