I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have read and fully understand the Behavior and Guidance policy at

The Children’s Center of Lake Forest.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature/Date Director/Date