I, ______________________________, parent of ______________________________,

hereby certify that I have received, read, and understand the policies stated in the YWCA Young Wonders Parent Handbook.

Parent/Guardian Name ______________________________ Date __________

Parent/Guardian Signature ______________________________ Date __________

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, __________________________________________ Please Print Name(s)

parent(s) of ______________________________________, hereby certify that I/we have

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent ______________________________ Date __________

______________________________ ______________________________ Date __________

Signature of Parent

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD’S FILE AT THE DAY CARE FACILITY.