

**YWCA Young Wonders
Parent Handbook Agreement**



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** _____

CFS 581
Rev. 12/2000

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

Signature of Parent

Date

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