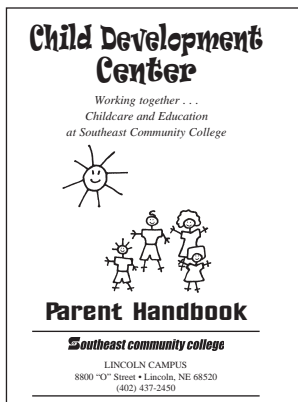


Child Development Center



I have read the Child Development Center “Parent Handbook” and understand the booklet information and guidelines.

Parent/Guardian

Name: _____

PRINT

Child's Name: _____

Date: ____/____/20____

OFFICE USE ONLY

Child Development
Center Staff Initials: _____

Date: ____/____/20____

LINCOLN CAMPUS • 8800 “O” Street • Lincoln, NE 68520
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