

Full of Wonder

April Fender
2041 Trinity Street, San Mateo, CA 94403
(650) 349 – 2772

POLICY STATEMENT RECEIPT

This form will serve to acknowledge that I/we, the parents/guardians of

_____, have received a copy of the
(CHILD'S NAME)

Forms/notices referred to as

***Policy Statement, Child Abuse Prevention, and Family Child Care
Consumer Awareness Information***

From the licensee/authorized representative of FULL OF WONDER.

Date

Student Name

Parent / Legal Guardian Name(s)

Parent / Legal Guardian Signature