830-379-5327

607 Jefferson Ave.
Seguin, TX 78155

Children's Names _____

I acknowledge receipt of Leap Ahead Learning's operational policies including those for discipline, guidance and fees.

_____ _____
Signature Date

I understand the policies outlined in "Leap Ahead Learning's Parent Handbook" (Operational Policies)

_____ _____
Signature Date

I have been given to opportunity to ask questions about the policies outlined.

_____ _____
Signature Date

I agree to abide by the policies outlined in "Leap Ahead Learning's Parent Handbook" (Operational Policies)

_____ _____
Signature Date

Last Updated
5/1/2019