

I, \_\_\_\_\_ acknowledge that I

have read and understand all the information in Adventure Academy Guidance and Discipline Policy. I also acknowledge that I will adhere to all the rules of Adventure Academy. It is also understood that if I do not follow the rules and regulations of Adventure Academy Licensed Home Day Care, DCFS and /or Chicago Police Department will be contacted.

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Parent/Guardian Signature

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Parent/Guardian Signature

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Date