

Acceptance Form

This is to confirm that:

Child 1: _____ DOB: ___/___/___ Age: _____ Sex: _____

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has been accepted for care by S D D & P and a place will be reserved until the first day of care which will begin on: ___/___/___

A registration/two-weeks of care of \$_____ has been received. These fees will not be returned in the event that the above-named child/children is/are not placed in care by the above date. When the child does begin care, the weekly fee will be applied to the _____ week(s) of care.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Daycare provider/ signature	Date

