

**State of Illinois  
Illinois Department of Children and Family Services**

**VERIFICATION OF RECEIPT**

I, the parent/guardian:

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Please Print Parent Name(s)

Parent (s) of:

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Print Child's Name

That I / we hereby certify that I/we have been provided with the following website:

<http://www.illinois.gov/dcf/brighterfutures/childcare/Pages/default.aspx>

To review a copy of the Summary of Licensing Standards printed by the  
Illinois Department of Children and Family Services.

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Signature of Parent

Date

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**Bartlett Park District Parent Handbook Acknowledgement  
Form**

The BPD reserves the right to *photograph or videotape* participants in Park District programs, facilities or parks for the District's promotional materials.

I have *read and understand* the Parent Handbook and understand the policies and procedures of the Preschool Program.

I *agree to abide* by the Bartlett Preschool Parent Handbook Policies.

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Parent Signature

Date

Print Child's Name

**THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE**

**AT THE DAY CARE FACILITY.**