

Ashley’s House Learning Center

11818 W Central

Wichita, Ks 67212

316-729-5304 phone

316-729-5307 fax

I, the undersigned parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do affirm that I have read and received a copy of the facility’s Guidelines for Exclusion of Children Who Are Ill. I understand these policies and agree to follow them for the safety of my child and all the children in the center. I further understand I am still responsible for my child’s tuition in the event of illness unless a different agreement has already been made and noted in my child’s file.

Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child

 Care Provider:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_