

Receipt of Important Health Notice

I, \_\_\_\_\_, have received a copy of The Journey Begins Health Notice Policies. I understand and agree to adhere to all policies stated during my enrollment at The Journey Begins.

I also am aware that The Journey Begins has the right to enforce the exclusion guidelines if it is determined that my child does not meet the policies stated in the Important health notice.

Signatures:

\_\_\_\_\_  
Family

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director

\_\_\_\_\_  
Date