LEARNING POD

Little sprouts

HEALTH & SAFETY

ACKNOWELDGEMENT & AGREEMENT FORM

Child's Name:

Date: / /
(DD/MM/YYYY)

Parent/Guardian Full Name:

HEALTH & SAFETY POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Little Sprouts Parent Handbook, including the Health & Safety Policies.

I understand the expectations regarding illness prevention, hygiene, emergency procedures, supervision, and safe practices.

I agree to comply with all health and safety guidelines as outlined in the handbook to ensure a safe environment for all children and staff.

By signing below, I confirm my understanding and acceptance of the Health & Safety Policies.

Child's Name:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____