TERMINATION

CONSENT & ACKNOWELDGEMENT FORM

Child's Name:

Date: / /
(DD/MM/YYYY)

Parent/Guardian Full Name:

TERMINATION POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Little Sprouts Parent Handbook, including the Termination Policy.

I understand the circumstances under which enrollment may be terminated, the notice procedures when applicable, and my financial responsibilities as outlined in the handbook.

I agree to comply with all terms and conditions related to termination of services.

By signing below, I confirm my understanding and acceptance of the Termination Policy.

Child's Name:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____