



**Lago Vista ISD
Little Vikings Learning Center
Handbook Acknowledgement Form**

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

I have received a copy of the Little Vikings Learning Center Parent Handbook and have reviewed all the information contained therein. I agree that I will pay the amount specified for the duration of the school year. I understand that if my child is removed from the daycare, I will pay a penalty for early withdrawal. I also understand that my child may be removed for serious and/or consistent violations of the rules of conduct.

I understand that I am responsible for providing the supplies listed on supply list, breakfast, lunch, and a snack.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____