



**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: \_\_\_\_\_