

**Sacramento Adventist Academy
Early Childhood Education Center
5601 Winding Way
Carmichael, CA 95608**

PARENT HANDBOOK RECEIPT ACKNOWLEDGMENT

I have read, understand, and agree to abide by the policies stated in the Parent Handbook for Sacramento Adventist Academy Early Childhood Education Center.

Name of Child: _____

Name of Father/Guardian: _____

Name of Mother/Guardian: _____

Signature: _____ Signature: _____

Date: _____ Date: _____