

Villa Divino Amore Preschool

117 Hope Street · Stamford, CT 06906
Phone:(203) 324.2449 · Fax:(203) 504.8670

DOCUMENTATION OF BEHAVIOR MANAGEMENT TECHNIQUES DISCUSSED WITH PARENTS

I, _____, acknowledge that the staff has clearly discussed the school's policies and procedures concerning child behavior management and techniques with me/us.

Furthermore, I, _____, hereby give permission for my child _____, to be released from school to _____, in the event of an emergency.

_____ Parent's Signature

_____ Parent's Signature

_____ Individual's Signature
(To whom the child will be released.)

_____ Date