## PARENT POLICY COMPLIANCE

| Please read and sign:  |   |
|--|---|
| l,   | (please print full name)  |
| have read, understand and agree<br>Care Center.                        | with the policies of the Learning Journey Child                                   |
| Signature  |   |
| Date   |   |
|  |   |
|  |   |
|  |   |
|  | GUARDIAN CONSENT  |
| I,   | , (please print full name)  |
| allow the Learning Journey Child<br>for in-house use or on the thelear | Care Center to take video or photographs of my child(ren) ningjourney.ca website. |
| Signature  |   |
| Date   |   |