



**Tsawout First Nations
Head Start Program**

7728 Tetayut Rd. Saanichton BC

I, _____,
First name Last name

Parent/Guardian of _____
Child's first name Child's last name

Hereby state that I have read and understand all of the literature and my obligations to the Tsawout First Nations Head Start Program, as stated in the Tsawout First Nations Head Start Policy Parent Handbook.

Signature

Date

Supervisor

Date

Please sign and return this page to the program supervisor prior to your child's start date.

Thank you.