



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RECEIPT OF KASPER PARENT HANDBOOK

I have read and received the policies of the Campanelli YMCA 2020-2021 KASPER Program Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of the child care service.

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____ Date: _____

Child(ren)'s First & Last Name in the KASPER Program:

1. _____

2. _____

3. _____

4. _____