



20. I agree to notify the Center immediately of any changes that occur in the information provided on this form including work and home addresses, phone numbers, physician's name, change in living arrangements, change in health information, emergency contacts, etc.

21. I understand that the Center will provide an afternoon snack each day that my child is in attendance at the Center.

22. I understand that in the event of a natural disaster, gas leak or structural damage to the school, my child will be evacuated to the gymnasium located at Hammond Park across the street from the school. The Hammond Park address is 705 Hammond Dr., N.E., Atlanta, GA 30328. The phone number is 404-303-6180.

23. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, HAVE READ AND AGREE WITH ALL OF THE POLICIES AND PROCEDURES AND HAVE PROVIDED COMPLETE INFORMATION REGARDING MY CHILD.

**TUITION IS SUBJECT TO CHANGE AT THE DISCRETION OF THE CENTER'S BOARD OF DIRECTORS.**

ACCEPTED BY \_\_\_\_\_ PARENT OR GUARDIAN  
DATE \_\_\_\_\_

ALCDC ACCEPTED BY \_\_\_\_\_  
DATE \_\_\_\_\_