

First United Methodist  
Child Development Center

501 North Tryon Street  
Charlotte, North Carolina 28202  
(704)333-4882

Parent Agreement Form

Child's Name: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

I, the parent, legal guardian, or full time custodian of the above named, child, acknowledge:

1. I have received a copy of the Parent Handbook of First United Methodist Church Child Development Center (FUMCDC). The Director or Assistant Director of FUMCDC has reviewed the Parent Handbook with me and I understand and agree to its terms.
2. The FUMCDC disciplinary policy has been reviewed with me as set forth in the Parent Handbook, and I acknowledge and agree to the application of those practices to the above referenced child while enrolled in FUMCDC.

\_\_\_\_\_  
(Parent, Guardian or Custodian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director)

\_\_\_\_\_  
(Date)