

**Frankfort Square Park District Before & After School Program  
Acknowledgement Form**

I acknowledge having received and read copies of the FSPD Behavior Management Policy, Before & After School Program Parent Manual, and Before & After School Program Guidelines, and agree that my child/ward and I will abide by their contents. I further agree to contact the Executive Director if I or my child/ward do not understand or have any questions. Also, I understand that policies and statements may change from time to time, and that updates will be made available to me.

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Program Participant's Name (please print)

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Parent's/Guardian's Name (please print)

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Parent's/Guardian's Signature:

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Date: