

# Parent (or Guardian) Rights

Name of Provider: Victory Learning Academy, Inc.

Name of Child: \_\_\_\_\_

As parents or guardian of the above-name child, I (we) have been notified our right to visit the family day care facility of the above-name Provider at any time during business hours without an appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_