

# Arizona Baptist Children's Services

## Acknowledgement of Receipt of ACYF Discipline Policy and Confidentiality Policy

Presented to: \_\_\_\_\_  
Parent or Legal Guardian Printed Name

Presented by: \_\_\_\_\_  
Staff Printed Name

*\* You may refuse to sign this acknowledgement\**

I, \_\_\_\_\_ and \_\_\_\_\_, hereby acknowledge that I have received and read the ACYF Discipline Policy from Arizona Baptist Children's Services and that their staff was available to answer any questions I had and to offer further clarification of the contents of the Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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