

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s) 家长名字

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren) 孩子名字

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.
证明我收到了幼儿园牌照标准摘要的副本

Signature of Parent 家长签名

Date 日期

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.