

**CHILDREN'S HOME SOCIETY OF CALIFORNIA**

**Family Child Care Home Education Network  
Written Information to Child Care Providers  
Acknowledgement of Receipt**

**This is to acknowledge that I have received a copy of the *Children's Home Society of California Family Child Care Home Education Network Written Information to Child Care Providers* document.**

I further acknowledge that it is my responsibility to read and understand the information contained in the *Children's Home Society of California (CHS) Family Child Care Home Education Network (FCCHEN) Written Information to Child Care Providers*. I understand that in order to be reimbursed for services to a family enrolled in the FCCHEN, I must meet any requirements specified within the information that pertain to child care providers. I understand that if those requirements are not met, the parent will be required to select a different child care provider for participation in the FCCHEN and the business relationship with CHS will end.

I further understand that policies, requirements, and general information about the program may change based upon requirements from the California Department of Education (CDE) and/or CHS, with or without prior notice.

_____	_____
Print Facility/Provider Name	Date
_____	_____
Facility Representative's Signature	Date