

Helping Hands Montessori Services
3300 Laguna Dr.
Austin, TX 78741

Policy and Procedures Waiver

I, (the parent or guardian) _____, of (child's
name) _____ have read, understood and will comply with
Helping Hands Montessori's Policies and Procedures. I have received an electronic
copy for my personal records.

Sign _____

Date _____