CFS 580
IL 418-580
Rev. 5/97

State of Illinois
Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____ , hereby certify that I/we have received a
Name(s) of Child(ren)

copy of a summary of licensing standards and other materials published by the Illinois Department of Children and Family Services.

_____ _____
Signature of Parent Date

_____ _____
Signature of Parent Date

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