



2024-2025

Early Childhood Acknowledgement – “Know Your Child Care Facility”

Student’s Name: _____

By signing below, I acknowledge that Innovation Montessori Ocoee Primary Program has provided me with a copy of the “Know Your Child Care Facility” brochure.

Parent/Guardian’s Name (Printed): _____

Parent/Guardian’s Signature: _____

Date: _____

IMO Registrar: _____

Date: _____