



**2025-2026**

**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: \_\_\_\_\_