



803 W. Center Street • Lexington, NC 27292 • 336.249.6688 • Fax: 336.249.6687 • www.partnershipforchildren.org

Acknowledgement of Parent Training Requirement

Child Name: _____

Child Care Center: _____

As a Smart Start of Davidson County (SSDC) Child Care Scholarship parent/guardian, I understand and acknowledge the following.

- I am required to complete 1 (one) parent training per fiscal year by the required deadline.
- I have received a parent training letter explaining how to complete this requirement for the 2021-2022 program year. If not, I understand that a copy of this letter is available on the Smart Start of Davidson County website: www.partnershipforchildren.org → Calendar Tab → Training for Parents Tab
- To remain eligible for the program my parent training quiz/evaluation must be completed and received by Smart Start of Davidson County on or before **Tuesday, February 15, 2022.**
- My failure to submit the completed quiz/evaluation by the **Tuesday, 2/15/2022** deadline will result in termination from the program with the last date of payment to my child care provider on **Tuesday, March 1, 2022.**
- I understand that should I not meet the parent training deadline, the earliest that I can reapply for the program is on **Wednesday, March 2, 2022.**
- I understand that no exceptions will be made to the February 15th deadline due to the deadline being stated in the Child Care Scholarship contract that I signed.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____