

BOBBY JINDAL
GOVERNOR



PETROUCHKA MOISE
NON-PUBLIC SCHOOL EARLY
CHILDHOOD DEVELOPMENT
DIRECTOR
OFFICE OF COMMUNITY PROGRAMS

OFFICE OF THE GOVERNOR

Parental Slot Confirmation for NSECD Program
Participation for 2012-2013 School Year

I _____ know and understand the mission, purpose and curriculum of
Name of Parent/Guardian (Print)

the school I have chosen and I elect to have my child, _____,
Child's Name (Print)

attend _____ as a participant in the NSECD .
Name of School (Print)

Program. I further acknowledge that by confirming my child's attendance at the above named school,
his/her name will be removed from the rosters at any other NSECD School(s) where I may have applied.

_____/____/____
Signature of Parent/Guardian *Date*

_____/____/____
Signature of Provider Director or Designee *Date*

_____/____/____
Signature of NSECD Director/Staff *Date*