



Program Handbook Receipt and Agreement

I, _____, and I, _____
Student Name Parent/Guardian

acknowledge receipt of the Program Handbook and understand the Miami Lighthouse for the Blind and Visually Impaired Policies and Procedures. It is agreed that Miami Lighthouse will request any additional signatures from a parent, guardian or student required by The Children's Trust.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____