

EXTENDED DAY PROGRAM
Policies and Procedures Manual
Sign-Off Sheet



School Name: _____

School Year: _____

My signature below certifies that I have received a copy of the Calcasieu Parish School Board Extended Day Program Policies and Procedures Manual and ProCare manual and have reviewed the policies for the current school year. I understand that it is my responsibility to contact the Internal Auditing Department for any questions or issues that may arise that are not addressed in the manual.

Employee Signature

Date

Print Name