



Child Abuse Prevention Guide Receipt Form

This acknowledges that I, the parent of _____
have received a copy of the Child Abuse Prevention Guide from the Director of Kehillat Israel
Early Childhood Education.

Signature of Parent _____

Date _____

Kehillat Israel Early Childhood Education
16019 W. Sunset Blvd
Pacific Palisades, CA 90272
310-459-7539
Julie Dubron, Director