

**2010 – 2011
School Year
Parental Agreement with
St. Andrews Preschool**

1. St. Andrews Preschool agrees to provide preschool and/or day care for _____ on _____
(Child's Name) (Days of the Week)
from ____ a.m. to ____ p.m. My child will participate in the following snack and/or meals (circle applicable meals and snacks): morning snack or morning snack, lunch, and afternoon snack.
2. I understand the registration fee is non-refundable. The tuition deposit is non-refundable after June 15th.
3. Before any medication is dispensed to my child, I will provide a written authorization, which includes date, name of child, name of medication, dispenser, prescription number, if any, dosage, date and time of day medication is to be given. Medicine will be in the original container with the child's name marked on it.
4. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), or facility personnel.
5. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work locations, emergency contacts, child's physician, child's health status, infant feeding plans, and immunizations records, etc.
6. The facility agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, etc., which pertains to my child.
7. I have received a copy and agree to abide by the policies and procedures of St. Andrews Preschool.

Signed: _____ Date: _____
(Parent or Guardian)

Signed: _____ Date: _____
(Facility Administration/Director)