

# NORTHWAY PRESCHOOL

## Parent Agreement with Northway Preschool

Northway Preschool agrees to provide care for \_\_\_\_\_  
on \_\_\_\_\_ (Child's Legal Name)

**Days:** Monday Tuesday Wednesday Thursday Friday

**Times:** From \_\_\_:\_\_\_ am to \_\_\_:\_\_\_ pm

**Months:** Jun July Aug Sep Oct Nov Dec Jan Feb Mar Apr May

**Meals:** Breakfast is not offered. AM snack is provided by parents for both morning and extended day children. A sack lunch is provided by parents for children participating in the extended day program. PM snack is to be provided by parents for children participating in the extended day program.

I will complete a written medication authorization form before any medication is given to my child. Medication will be in its original container with my child's name. All medication will be handed to the Director or an Assistant Director. (It is the responsibility of the parent to pick up the medication at the end of the day.)

My child will not be allowed to enter or exit the facility without being escorted by the parent(s), person authorized by the parent, or facility staff.

I understand that it is my responsibility to keep my child's records current in regards to changes that may occur while my child is enrolled in Northway Preschool. This includes, but is not limited to: telephone, address, work location and contacts, emergency contacts, physician, health status, immunization records, and infant feeding plans.

Northway Preschool agrees to keep me informed of any incidents, illnesses, injuries, adverse reactions to medication or exposure to communicable diseases.

Northway preschool agrees to obtain written authorization before my child participates in field trips. I understand that I must provide transportation for my child to and from field trips or special activities away from the facility. I understand that on water days there will not be any pools of water or containers of water over two feet in depth. I will be required to sign parental authorization forms on scheduled water days.

Northway Preschool will advise me of my child's progress, issues relating to my child's care, and individual practices concerning my child.

I understand that it is my responsibility to check my child in and out every day. Any person that is listed on my approved pick-up list will also check my child in and out of the facility.

I authorize Northway Preschool to obtain emergency medical care for my child when I am not available.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Infant)  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Toddler)  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (2K)  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (3K)  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (4K)  
(Parent/Guardian)