



Abiding Hope Preschool and Kindergarten

Child's Name(s): _____

Parent Name(s) (Printed) _____

Abiding Hope Preschool/Kindergarten Policy Agreement

We/I agree to abide by the policies and procedures applicable to Abiding Hope Preschool/Kindergarten.
We/I agree to adhere to all rules, policies and procedures pertaining to pick-up and drop-off times, tuition fees, late fees for late payments, late fees for late pick-up, withdrawal of children from preschool program and other additional matters addressed in the policies and procedures in the Abiding Hope Preschool/Kindergarten handbook. We/I have received and reviewed the parent handbook.

Parent Signature(s) _____ Date: _____

Permission to Watch Educational/Recreational Television/Video Programs

We/I give permission for the child/children named above to watch occasional educational/recreational television and video programs.

Parent Signature(s) _____ Date: _____

Permission for Print and Digital Media

We/I give my permission for the child/children named above to be videotaped and/or photographed for staff training, media publications, social media, memory books/videos, and to inform other parents about the Abiding Hope Preschool/Kindergarten program.

Parent Signature(s) _____ Date: _____

Please sign and return within one week of your child/children starting school