



Abiding Hope Preschool and Kindergarten - Summer Parent Agreement

Child(ren) Name: _____ Parent Name: _____

Please initial next to each statement, sign and date the completed form and return via email to Janice@abidinghope.org or fax to 303-972-0424 by April 15th.

Policy & Handbook 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.

Permission to Watch G or PG Movies

We/I give my permission for the child/children named above to watch an occasional G or PG movie.

Permission To Label Personal Items

We/I give my permission to Abiding Hope Preschool/Kindergarten staff to label any items (water bottles, lunch boxes, towels etc) sent to camp that are not already labeled.

Sunscreen Application

We/I will apply a base layer of sunscreen prior to dropping my child/children at camp. I understand that sunscreen will be available at Abiding Hope Preschool/Kindergarten for me to apply, if needed. Abiding Hope Preschool/Kindergarten staff will reapply sunscreen throughout the day. It is my responsibility to look up the sunscreen ingredients.

Sunscreen Permission

We/I give Abiding Hope Preschool and Kindergarten permission to use their sunscreen (sunscreen that is SPF 50, Oxybenzone-free, broad spectrum, water resistant, hypoallergenic, and fragrance free)

OR

We/I will provide our own sunscreen for our child(ren) to use. Name of Sunscreen: _____

Swimsuits

We/I understand that if I do not send my child/children in a swimsuit on their swim day, they will not be allowed in the water. This includes Sharks and Whales on field trips days. Water days are marked on the calendar.

Statement of Medical Authorization

We/I hereby give my permission to Abiding Hope Preschool to seek medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to contact the parent(s)/guardian before any action is taken. However, if we are unable to be reached, we will accept responsibility for any expense.

Parent Signature(s): _____ Date: _____