



**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](mailto: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: \_\_\_\_\_