

PARENTAL AGREEMENT WITH HAYGOOD CHILD DEVELOPMENT CENTER

Haygood Child Development Center agrees to provide full day preschool for \_\_\_\_\_  
(CHILD'S NAME/NAME CALLED)

- 1. Monday through Friday from 7:30 – 6:00 from January to December. My child will participate in the following meal plan\*: cereal breakfast, lunch, afternoon snack which are planned in accordance with the Georgia Department of Human Resources nutritional guidelines and in accordance with the United States Department of Agriculture food program guidelines. \* if a child is 2 years old and under s/he will receive, in addition to the meal plan, an early morning snack and a late afternoon snack.
2. Before any medication is dispensed to my child, I will provide written authorization which includes my child's name, the date of authorization, the name of the medication, prescription number, if any, dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name on it. Medication will not be dispensed to my child without my knowledge. If a situation warrants it, an administrator or teaching personnel may request authorization to dispense over the counter medicine to my child.
3. My child will not be allowed to enter or leave the facility without being escorted by parent/s, person/s authorized by parent/s or facility personnel and left in the charge of facility personnel, or taken away with notice to facility personnel, individuals authorized by parent/s and/or parents.
4. I acknowledge that it is my responsibility to keep my child's records current, to reflect any significant changes as they occur (ex: telephone number changes, work location, emergency contact information, child's physician changes, child's health/allergies, infant immunization records, etcetera).
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, which include my child.
6. Haygood Child Development Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.
7. I acknowledge my responsibility to stay informed about Haygood Child Development Center. I will become familiar with all Parent Handbook information, school closing information, school updates, individual classroom information and all policies and procedures.
8. I hereby consent to my child's name, likeness, pictures or artwork to be used by Haygood CDC. I understand that my child will be under supervision of a school staff member during any photo session. I am aware that my child's artwork, likeness, or photograph may be published or sold in a fundraiser that benefits the CDC. I release Haygood CDC from any claim which I may have or which I may assert in the future, arising out of any photographs taken of my child.
9. I understand that tuition payments hold a space for my child at Haygood CDC. I agree to pay monthly tuition fee (weekly tuition for Summer Hut only) that is specific to my child's class, for this service. I understand that tuition payment is due by the 5th of the month. I further understand that if I am late picking up my child in the evening, I will be charged according to the policy defined in the Parent's Handbook. In the event I wish to withdraw my child from the Center, I understand that a two-week notice is required; if such notice is not given, I will be billed for those two weeks.

I HAVE RECEIVED A COPY AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES FOR HAYGOOD CHILD DEVELOPMENT CENTER.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_
(PARENT/GUARDIAN)
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(PARENT/GUARDIAN)
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_
(CDC DIRECTOR)

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