



# Parental Agreement

## Thomas Jefferson Academy Preschool Program

Thomas Jefferson Academy agrees to provide preschool services for (Name of Child) \_\_\_\_\_ on Monday – Friday 8:00 a.m. to 2:20 p.m., from August through May. I, being the parent, understand that it is my responsibility to provide a nutritious snack for my child every morning to be sent to school. My child will bring a lunch to school or purchase a lunch from the lunchroom. I will assure that my child will be provided a nutritious lunch each day.

Before any medication is dispensed to my children I will provide a written authorization, which includes: date, name of child, name of 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 marked on it.

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

My child will be potty trained before school starts.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child.

Thomas Jefferson Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from facility, and water-related activities occurring in water that is more than two (2) feet deep.

I have received a copy and agree to abide by the policies and procedures for Thomas Jefferson Academy.

Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Facility Administrator) \_\_\_\_\_ Date \_\_\_\_\_