



Permission Agreement
Children of Faith School

In consideration of the acceptance of my child, _____,
for enrollment in Children of Faith School, I _____,
Parent/Guardian of such child, hereby agree as follows:

I hereby grant permission for my child to use all of the daily equipment and participate in all of the activities of Children of Faith School, including water activities.

I hereby grant permission for my child to be included in evaluations, audio and video taping, pictures and film-making connected with the school or extended care program.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks and for field trips in an authorized vehicle.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if, in his/her judgment, such is warranted. These steps may include, but are not limited to, the following:

1. Attempting to contact a parent or guardian.
2. Attempting to contact the child's physician.
3. Attempting to contact a parent or guardian through any of the persons listed on the emergency information card relating to the child.
4. Calling another physician, if the child's physician is not reached.
5. Calling an ambulance.
6. Having the child taken to an emergency hospital in the company of a staff member.

I agree that any expenses incurred under 4, 5, and 6 above will be my responsibility.

I understand and agree that Children of Faith School will not be responsible for anything that may happen as a result, directly or indirectly, of false information given at any time.

I understand that my child's teacher and/or the director will be available for conferences concerning my child. Any problems or occurrences that affect my child, including exposure to serious communicable diseases, will be brought to my attention.

(over)

I understand and agree to provide written notification to Children of Faith School two weeks prior to my child's withdrawal from the center. Failure to provide a two week notice will result in the undersigned being charged for two weeks at the normal rate of tuition.

I desire the following arrangement for my child:

(Enter attendance option you have selected here)

I understand that payment is \$_____ per month, and that it is payable in advance and is non-refundable. Refunds will not be granted for illness, absences, vacations, holidays the school is closed, or notice of withdrawal from facility. I agree to pay for drop-in care I have reserved for my child, even if my child does not attend. I will abide by the payment schedule and realize that a late fee will be charged if payment is not received by the 10th day of the month.

I verify that the information I have provided to Children of Faith School is correct and that I have received a copy of the Parent Handbook.

I agree to make Children of Faith staff aware when my child arrives each morning and departs each afternoon by signing him/her in and out on the daily sign-in/sign-out book located in the window of the School Office. I understand and agree that Children of Faith School will not assume responsibility for a child who has not been signed in when he/she arrives for the day or any part thereof.

Signature of Parent or Guardian

Date