



Resurrection Preschool

Child's Name: _____

1. I agree to pay Resurrection Preschool tuition of _____ for 3 day program or _____ for the 5 day program.
2. A clean change of clothes must be provided at all times.
3. I understand that it is my responsibility to escort my child into the preschool and to the classroom and ensure the teacher is aware of the child's arrival or departure.
4. I have received a copy of Resurrection Preschool Parent Handbook, which I have read and understand.
5. Children at the preschool may be photographed and posted within the school or on the school/church newsletter or website. I give my permission for my child to be photographed or videotaped while in attendance of the preschool and during any field trip activities.
() I do NOT want my child to be photographed () Yes, my child can be photographed.

Signature _____ Date _____

6. I understand that Resurrection Preschool has a specific policy regarding the administration of medicine. Before any medication is dispensed to my child, 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.
7. I understand that if my child is ill, including but not limited to severe cough, rash, temperature over 100.5 degrees, upset stomach, pink eye or diarrhea, he or she cannot be accepted into the preschool until well. In the event my child has a contagious disease, a release form from a medical source may be required before my child re-enters the preschool.
8. **Emergency Medical Authorization:** Should the child listed on this form suffer an injury or illness while in the care of Resurrection Preschool and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I shall assume responsibility for payment of services.
9. I understand that it is my responsibility to keep the school advised on changes of address, phone numbers, and contacts.
10. I will provide a current Georgia immunization form prior to enrollment and will update as required.
11. I give my permission for the child listed on this application to participate in field trips sponsored by this preschool. I understand I will need to sign a permission slip for each field trip.

We love our parents to be involved in the school. If you would like to volunteer in any of the following ways please check below.

Room parent _____ Fundraiser Committee _____ PTO _____ Assist in class projects _____

I have read all of these policies and understand all these policies.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____