

PARENTAL AGREEMENT FORM

Child's Name _____

Class _____

Please check "yes" or "no" to the following statements, sign your name and return one copy to the program and keep the copy in the Policies and Procedures Handbook for your records.

	Yes	No
I have received the Program Handbook.	_____	_____
I have been informed of and understand the policies and procedures of the Program.	_____	_____
I have been informed of the goals and overall program of the Program.	_____	_____
I am aware that I will be informed of specifics through a monthly newsletter.	_____	_____
I have received and returned a health form stating the date of my child's immunization.	_____	_____
If the response to above is "no" I will submit the health form within one week.	_____	_____
I agree that it is the responsibility of both the staff of the Program and I/we as parents(s) to keep an open line of communication between us during the school year.	_____	_____
I understand that all parents will be asked to evaluate the Program using the form provided in the Spring.	_____	_____