

notified by telephone. In the event our property is unsafe, the children will be evacuated to {Name, Address, phone number}. Emergency plans are posted for parent viewing

FAMILY AGREEMENT

PLEASE CHECK ALL THAT APPLY:

The school 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.

TRANSPORTATION: I hereby give do not give – consent for my child to be transported and supervised by the operation's employees. for emergency care

FIELD TRIPS: I hereby give do not give – my consent for my child to participate in Field Trips:

WATER ACTIVITIES: I hereby give do not give – my consent for my child to participate in Water Activities: sprinkler play splashing/wading pools swimming pools water table play

VIDEO/PHOTOGRAPHY: I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes. Yes No

DAYS/HOURS: Star Bright Learning Academy agrees to provide educational services for my child.

on: (circle all that apply) Monday Tuesday Wednesday Thursday Friday
from _____ a.m. to _____ p.m...

MEALS: The program will provide an afterschool snack which is in compliance with United States Department of Agriculture guidelines. I agree to provide substitute meals which meet USDA guidelines in the event my child has medical reasons for a substitution and a physician's statement.

MEDICATION AUTHORIZATION: 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.

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS: I/we authorize [Insert your name] employees' permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Baby Wipes

Band-aids

Neosporin or similar ointment

Bactine or similar first aid spray

Sunscreen

Insect Repellent

Non-Prescription ointment (such as A & D, Desitin, Vaseline)

Baby Powder

Other (please specify) _____

SAFETY: 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.

RECORDS: 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, and immunization records, etc.

___ INCIDENT REPORTS: The school agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

___ CONFERENCES/PROGRESS REPORTS: I am advised that the school will notify me of my child's progress, issues relating to his/her care and any individual special needs.

___ PARENT INVOLVEMENT: Star Bright Learning Academy encourages parents to volunteer and attend all functions. I will receive monthly communication regarding these events and opportunities.

___ NO EMPLOYMENT: I will not solicit, employ, or enter any contract with any employee of Star Bright Learning Academy to perform childcare or similar services under any circumstances without the express consent of Star Bright. If I employ or contract with any employee of Star Bright Learning Academy or person who within one year of the date of such employing or contracting was employed or under contract with Star Bright, I will pay the School a placement fee of \$2,000.

___ PARENT HANDBOOK: I have received, reviewed, and understand the Parent Handbook and related information concerning the school and the educational services provided by Star Bright Learning Academy. I will use the program in accordance with the terms of the Parent Handbook and the policies and procedures made available at the facility. Use of the facility and the services may be denied in the event I do not comply with the terms of this Agreement, or when determined by the administration to be in the best interests of my child or the children enrolled in the afterschool program. The availability of these services are subject to change at any time.

___ REGISTRATION AND PAYMENTS: Registration must be fully completed prior to my child attending the afterschool program. Where applicable, all registration fees and/or tuition fees must be paid in connection with the registration of my child and use of the program.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature (Parent/Guardian) _____

Date _____

Signature (Parent/Guardian) _____

Date _____

**Parents or Guardian's
Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, _____, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents or Guardian's Signatures

Date

Parent or Guardian (Print Names)

Date

Center Director's Signature

Date