



Abiding Hope Preschool and Kindergarten

Child's Name(s): _____

Parent Name(s) (Printed): _____

Please initial next to each statement, sign and date the completed form and return one week prior to the first day of school via email to Janice@abidinghope.org or fax to 303-972-0424.

Policy & Handbook Agreement

___ We/I agree to abide by the policies and procedures applicable to Abiding Hope Preschool/Kindergarten. We/I agree to adhere to all rules, policies and procedures pertaining to pick-up and drop-off times, tuition fees, late fees for late payments, late fees for late pick-up, withdrawal of children from preschool program and other additional matters addressed in the policies and procedures in the Abiding Hope Preschool/Kindergarten handbook. We/I have received and reviewed the parent handbook.

Permission to Watch Educational/Recreational Television/Video Programs

___ We/I give my permission for the child/children named above to watch occasional educational/recreational television and video programs.

Permission for Print and Digital Media

___ We/I give my permission for the child/children named above to be videotaped and/or photographed for staff training, memory books/videos, use in Kaymbu, and during special events.

Permission for Use of Hand Sanitizer

___ We/I give permission for my child to use school-approved hand sanitizer in instances where handwashing with soap and water is not possible.

Permission for Use of Diaper Cream (Littles and Tweens classes only)

___ We/I give permission for staff to apply diaper cream as needed to my child. I agree to provide my preferred brand/type of cream that may be applied.

Statement of Medical Authorization

___ We/I hereby give my permission to Abiding Hope Preschool to seek medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to contact the parent(s)/guardian before any action is taken. However, if we are unable to be reached, we will accept responsibility for any expense.

Insurance Carrier: _____ Telephone: _____

Policy Holder's Name _____

Group Number: _____ Membership Number: _____

Parent Signature(s): _____ Date: _____