Eastminster Preschool agrees to provide child care for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 on (Number of days of the week) \_\_\_\_\_\_\_\_\_ from 9:30am until 1:30pm in the Eastminster Presbyterian Church facilities. I understand that late pick-ups after 1:50 pm will result in a fee of $10 reflected on my next month’s statement.

Before any medication is dispensed to my child, I will provide a written authorization from the doctor, which includes: date; name of child; name of medication; prescription number; dosages; 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. **We are only allowed to give Epi-Pens and Asthma Inhalers.**

I give permission for the preschool to post my child’s allergies in the classrooms in order to keep them safe.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by the parent(s), or facility personnel.

This preschool is not licensed, having exempt status from Bright From the Start. The Preschool does carry liability insurance.

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, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child, as well as my child’s progress.

Eastminster Presbyterian Preschool 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.

I authorize the child care facility to obtain emergency medical care for my child when I’m not

available.

I have received a copy and agree to abide by the policies and procedures for the above-named

facility. I understand that Eastminster Preschool encourages family and parent involvement and participation in center activities and will do my best to attend as many as possible and volunteer to help if I am able.

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director / Authorized Person Date