

**CHILD'S NAME:** \_\_\_\_\_

**EMERGENCY HEALTH CARE**

I hereby authorize the staff of Scandia Preschool; 20971 Olinda Trail, to act in an emergency situation when I cannot be reached or when I am delayed in arriving. I would prefer my child be taken to:

\_\_\_\_ Fairview Lakes Regional Hospital, Wyoming

\_\_\_\_ Lakeview Hospital, Stillwater

\_\_\_\_ Osceola Hospital, Osceola

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POLICY AGREEMENT**

I have read and understand the policies written in the Scandia Preschool Handbook.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FIELD TRIPS**

Supervised field trips are planned to places of educational interest for the children. I understand that the staff of Scandia Preschool will provide the same adequate, responsible, adult supervision for field trips as they would while in attendance at school. The school will inform me of the nature of each field trip and my written permission will be required prior to each field trip.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RESEARCH & SURVEYS**

Occasionally, organizations contact preschools for the purpose of conducting research or surveys. Should the director of Scandia Preschool decide to take part in any such study, I hereby give permission for my child to be included.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PHOTOGRAPHS & PUBLICITY**

Photographs of the children participating in our preschool may be taken from time to time and could appear in newspapers or on our website. I hereby give my permission for publication of any such photographs.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT CONTRACT**

I agree to pay Scandia Preschool \$120 per month for tuition for the 2 day program. If my child is in the Kindergarten Readiness class, I agree to pay \$160 for the 3 day program. Tuition is due at the end of the first week of the month. A \$10 late fee will be charged if tuition is not received by the 15<sup>th</sup> of the month. The balance of the year's tuition may be prepaid at any time. Tuition is paid regardless of the child's attendance due to illness or injury. Special arrangements may be made for extended illnesses. If payment is not made within 60 days, without prior arrangements, I understand that my child will not be allowed to continue at Scandia Preschool until payment or arrangement to make payments is made.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_