



PARENT AGREEMENT

Child's Name: _____ Physician's Name: _____
Physician Address: _____ Phone: (____) _____

I, the undersigned parent or guardian, hereby enroll my child, _____ for the 2016-2017 school year in Heritage Christian Academy's Preschool. I understand that once my child's placement is accepted, the registration fee is non-refundable for any reason, and that I will owe ten tuition payments with September's tuition due August 9th and the remaining months of September through May due no later than the 9th of each month. I understand that there will be no tuition reimbursement for days missed due to absences and/ or inclement weather. I also understand that if I choose to withdraw my child from the school, refunds of tuition already paid will not be made. I further understand that there is no reduction in the monthly tuition for the days the school is closed due to breaks, holidays and conferences.

I understand that, due to school policy and state licensing regulations of Kansas, my child may not attend school until all forms have been completed and turned in to the office. These forms include: application/agreement form, authorization for emergency medical care form, and signed medical record form.

- I give consent for our names, address, phone number and email to be distributed to parents in my child's class on a class roster. Yes _____ No _____
- I give consent for my child to receive screenings authorized and/or administrated by Heritage Christian Academy Preschool. Yes _____ No _____
- I give consent for my child to use all of the play equipment and participate in all of the activities connected with the program. Yes _____ No _____
- I give consent for my child to receive the following in first aid; for contusion, an ice pack will be applied; for cut or abrasion, soap and water, and band-aid will be applied. Yes _____ No _____
- I give consent for my child to be photographed for classroom purposes. Yes _____ No _____
- I give consent for my child's photograph to be used for the purpose of publications and/or on the HCA website and Facebook. Yes _____ No _____
- I agree to adhere to the policies of Heritage Christian Academy and give my child permission to participate fully in this program. Yes _____ No _____

If, in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the Director or his/her designee, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Director, or his/her designee, HCA, and RPC from any liability that might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as responsibly possible after the need arises.

Signature of Parent of Guardian _____ Date: _____