

Child's Name: _____

Parents: Please read the following form carefully (both sides), sign and return to the school office.

**United Preschool
Albert Lea, MN**

In this agreement, United Preschool has set forth conditions which are stated in the school policies and which we expect the parents of all our children to meet. These conditions have been carefully planned to insure adequate protection for your child. The preschool adheres to local regulations and state licensing requirements. We will do our best to provide your child with a program of care to meet his needs.

ITEM 1-EMERGENCIES AND DISEASES

It shall be understood that, in the event that your child should require emergency medical attention, the Preschool staff has permission to carry out any first-aid procedures deemed necessary by said United Preschool Staff, or call the ambulance to transport the child to Mayo Health Systems of Albert Lea as necessary.

I agree to notify the school ASAP or within twenty-four hours if my child is diagnosed as having a reportable disease such as: lice, scabies, impetigo, ringworm, chicken pox or COVID-19. United Preschool also asks that if your students exhibits symptoms of COVID-19 that you call the office to let us know.

ITEM 2-DROP-OFF AND PICK-UP

I understand that each child is to be brought into the preschool and picked up from the room.

I give my permission for the following individuals to pick up my child (two required):

(NAME) (PHONE NUMBER)

(NAME) (PHONE NUMBER)

(NAME) (PHONE NUMBER)

The following **MAY NOT** pick up my child from United Preschool:

(NAME) (RELATIONSHIP TO CHILD)

(NAME) (RELATIONSHIP TO CHILD)

REASON FOR NO PICKUP _____

(BE SURE TO FILL OUT BOTH SIDES)

ITEM 3-PICTURE "RIGHT TO PUBLISH"

Throughout the year we would like to post pictures of the children at the preschool, publish them in the newspaper or they may appear on TV and Facebook. Please check one of the choices below.

_____ Yes, you may post or publish my child's picture and name.

_____ No, I do not want my child's picture or name posted or published.

ITEM 4-USE OF HAND SANITIZER, WET WIPES, ETC.

It is a state requirement that United Preschool has on file parents' permission to have their child use hand sanitizer and wet wipes. (These products are classified the same as medications, sunscreens, etc.) Sunscreen will not be applied at United Preschool. If you deem it necessary for your child on days that we may go outside, please apply it before leaving home.

___ Yes, my child may use hand sanitizer, wet wipes etc.

___ No, my child may not use hand sanitizer, wet wipes etc.

ITEM 5-SUBSTANCE ABUSE POLICY

United Preschool prohibits and will not tolerate individuals, employees, sub-contractors and volunteers while directly responsible for individuals served by the program from abusing prescription medications or being under the influence of a controlled substance or alcohol in any manner that impairs or could impair the person's ability to provide care or services.

ITEM 6-POLICY CONCERNING WITHDRAWAL OF A STUDENT FROM SCHOOL AND PAYMENT OF TUITION

If a family needs to withdraw a student from United Preschool, a TWO-WEEK NOTICE IS REQUIRED. PAYMENT IS REQUIRED if the two-week notice is NOT given.

Payment of tuition is **due by the 20th of the month prior**. (Ex: October tuition is due Sept. 20th) If the 20th falls on a non-school day, tuition will be due the next day school is in session. September tuition is due prior to the student starting school. Tuition is to be paid for each month the child is enrolled in the school. There will be NO refunds in the event of illness, other absences, or school cancellations. A \$10.00 late fee will be assessed if tuition is NOT paid and **RECEIVED by the 20th** of the month that the tuition is due. Failure to pay tuition and/or late fee's by the 1st of the current month due may result in the child's withdrawal from school!

We have read the above policies and agree to accept the conditions outlined herein for:

_____ from September 2023 through May 2024
(Child's Full Name)

(Date)

(Signature of Parent or Guardian)