



Parental Agreement with Little Minds 1st Academy

Little Minds 1st Academy agrees to provide child care for _____

on _____, beginning at _____ AM
(Days of Week)

and ending at _____ PM from _____ to _____ .
(Month) (Month)

I understand that my child will participate in the following meal plan:

Breakfast

Lunch

Afternoon snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, First and last name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name clearly marked on it.

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

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, and persons authorized to pick up my child. etc.

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

Little Minds 1st Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips and / or any special activities away from the facility.

I authorize Little Minds 1st Academy to obtain emergency medical care for my child when I'm not available.

I agree to submit in writing all changes with regard to my child's care. I also understand that I cannot change any flexible days of attendance for my child without prior authorization from the Director.

I have the Parent Handbook and I agree to abide by the policies and procedures that are outlined in this handbook.

I have read and understand the **Little Minds 1st Academy Rate Sheet (Exhibit I)** and **Enrollment Information Sheet (Exhibit II)** that are attached to this agreement. I agree to abide by this agreement as well as the Tuition, Fee/Payment Schedule that I have selected and the Late Payment Policies contained in the Enrollment Information sheet and in the Little Minds 1st Academy Parent handbook.

SIGNED: _____
Parent/Guardian

Date

SIGNED: _____
Director or Authorized Designee

Date