

Parental Agreements with Richmond Hill Montessori Preschool

Richmond Hill Montessori Preschool agrees to provide child care

For _____ on _____
(Child's name) (Days of the week)
From _____ a.m. to _____ p.m.

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning snack
Lunch
Afternoon snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of child, date, name of medication, prescription number (if applicable), dosage(s), date and time of day medication is to be given. Medication will be in the original container with my child's name marked on it.

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

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

Richmond Hill Montessori 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 feet deep.

I authorize Richmond Hill Montessori Preschool to obtain emergency medical care for my child when I am not available.

I have received a copy of the parent handbook and agree to abide by the policies and procedures for Richmond Hill Montessori Preschool.

Parent signature: _____ Date: _____

