**Please complete all pages**

**Parent/Guardian Handbook**

I acknowledge I have received a preschool Parent/Guardian Handbook outlining school policy and DCFS rules and regulations.

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

**School Directory**

I give permission to Kid Connections Preschool to have in the school directory:

Child’s name yes no

Parent’s name yes no

Home address yes no

Home phone number yes no

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

**Photos**

I understand Kid Connection Preschool may photograph video and/or display my child’s picture.

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

**Please complete all pages**

**Emergency Medical Care**

In case of sickness or accident, my signature authorizes Kid Connection Preschool to provide emergency care through a hospital, clinic, dentist or doctor for my child. I will be responsible for charges upon receipt of the statement

Name of preferred physician:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of preferred dentist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Visits, Trips, Excursions**

I give Kid Connection Preschool consent to take my child on walking or public transportation to places of interest. I understand these trips are under the supervision of authorized personnel of the preschool and all possible precautions are taken to insure the health and safety of my child. The ratio of adult to children will never be less than the DCFS specifications. The DCFS ratio is 1 adult for every 10 children.

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

**Religious Consent Form**

The undersigned understands and agrees Christian education of a general nature will be a part of the curriculum of Kid Connection Preschool.

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

**Acknowledgment of late tuition payment policy:** Tuition is due on your child’s first scheduled student attendance day of the month. If tuition has not been received by the end of the school day, it is considered late and a $10.00 fee will be added to the current month’s tuition.

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