

CHILD'S NAME: _____

Tuesday/Thursday Enrollment _____

Tuesday/Wednesday/Thursday Enrollment _____

EMERGENCY HEALTH CARE

I hereby authorize the staff of Scandia Preschool; 20971 Olinda Trail, to act in an emergency situation when I cannot be reached or when I am delayed in arriving. I would prefer my child be taken to: _____ Fairview Lakes Regional Hospital, Wyoming

____ Lakeview Hospital, Stillwater

____ Osceola Hospital, Osceola

____ Other, please specify _____

Parent Signature: _____ Date: _____

POLICY AGREEMENT

I have read and understand the policies written in the Scandia Preschool Handbook

Parent Signature: _____ Date: _____

FIELD TRIPS

Supervised field trips are planned to places of interest for the children. I understand that the staff of Sandia Preschool will provide the same adequate, responsible adult supervision for field trips as they would while at school. The school will inform me of a field trip and written permission will be required.

Parent Signature: _____ Date: _____

PHOTOGRAPHS & PUBLICITY

Photographs of the children participating in our preschool ay be taken from time to time and could appear in newspapers and/or on our website. I hereby give my permission for publication of any such photographs.

Parent Signature: _____ Date: _____

PARENT CONTRACT

I agree to pay Scandia Preschool \$140 per month for tuition for the 2 day/week program. If my child is enrolled in the 3 day/week program, I agree to pay \$185 per month. Tuition is due at the end of the first week of each month. A \$10 late fee will be charged if tuition is not received by the 15th of the month. Tuition is paid regardless of the child's attendance due to illness or injury. Special arrangements may be made for extended illnesses. If payment is not made within 60 days, without prior arrangements, I understand that my child will not be allowed to continue at Scandia Preschool until payment is made.

Parent Signature: _____ Date: _____