

2017-2018

A Child's Garden Preschool
Family Agreement, Part 1

The information on these pages is required to be on record for all children attending ACG in order to comply with NAEYC Accreditation Standards. Please respond to each question with accurate, up-to-date information. All information will be maintained in a confidential file and released only to persons on a "need to know" basis. PLEASE BE SURE TO COMPLETE ALL FORMS.

Please initial items below and complete both sides

_____ Anytime there is a change in information on the registration form (home address or phone number, place of employment, work phone number, emergency names and phone numbers, child release information, physician, etc). I will inform the office.

_____ It is my responsibility to provide the school with current immunization records and a current health form, signed by my child's physician. I understand that my child cannot be admitted to the class without this record on file.

_____ I understand that Registration Fees are due at the time of registration and are non-refundable.

_____ If I am enrolling a child at A Child's Garden for the first time, I will attend a "new family orientation" as scheduled by the director.

_____ I understand and agree that photographs or video recordings, which may include my child, may be made at A Child's Garden and that these photographs or video recordings may be used for educational or promotional purposes or otherwise displayed or reproduced in the course of business of A Child's Garden including posting on the ACG website. **If you do not want to agree to this, please indicate "No" rather than initial acknowledgement.**

_____ I understand and agree that photographs or video recordings, which may include my child, may be made at A Child's Garden and that these photographs or video recordings may be used on A Child's Garden **Facebook page** for educational or promotional purposes. I understand that my child's name will never be included in a post or comment on the ACG Facebook page. **If you do not want to agree to this please indicate "No" rather than initial acknowledgement.**

_____ I understand that ACG provides a school newsletter, called **Garden News**. The newsletter is provided either electronically or hard copy. I will receive a copy of the school newsletter each week as a means of keeping up to date on important school news. To subscribe electronically, please visit the ACG website.

I prefer to receive a hard copy of the newsletter in my parent mailbox. _____

_____ I consent to my child's participation in field trips sponsored by A Child's Garden. I acknowledge that parent assistance is required on field trips and that each parent is expected to accompany the class on at least one field trip during the school year. I acknowledge that A Child's Garden expects each parent or guardian providing transportation on a field trip to have a good driving record, to hold a valid driver's license, and to maintain liability insurance on the motor vehicle as required by New Mexico law. **I will provide A Child's Garden with copies of the driver's license and proof of insurance for any parent(s) or guardian(s) of my child who may drive a motor vehicle on field trips.** I further acknowledge that A Child's Garden expects that all children riding in vehicles will be properly secured in a child safety restraint or seat belt as required by New Mexico law. I agree to comply with these requirements whenever I serve as a driver or authorize another person to use my motor vehicle for a field trip. If another adult is

driving my child, I acknowledge that I, or a family representative, must install my child's car seat into the vehicle in which my child will be riding.

_____ I give permission to ACG Staff to apply sunscreen (which I will supply).

_____ I understand that A Child's Garden is an inclusion program and that therapists from Alta Mira Specialized Services and/or APS Child Find may be in the classroom and involved in activities with the class.

_____ I understand that A Child's Garden has a contract with a Licensed Independent Social Worker who becomes part of the classroom team when onsite and is available to support children, families and staff.

_____ I understand that information with regard to my child's progress, development or other issues will not be released to outside authorities, other than as required by law, without my written consent.

_____ I understand that the school reserves the right to invite a child to leave if in the sole discretion of ACG, it is determined that the placement is not a good fit for the child.

_____ I understand that if I request a change in room assignment and/or schedule after signing the finalized Parent Agreement, Part 2 that I will be assessed an administrative fee for the change and the change will only be considered upon written request and is subject to availability.

_____ I understand that drop-off time is 9:00 unless the child is enrolled for early care and pick-up times are 1:00, 3:00 and no later than 5:30. I understand that I will be charged for early drop-off (before 8:55) at the rate of \$10 per morning and late pick-up beginning 10 minutes following the scheduled 1:00 or 3:00 at the rate of \$20 and immediately following 5:30 at the rate of \$5 per 5 minutes. Early and after care drop-in reservations must be made 48 hours in advance in order to provide adequate staffing.

_____ I understand that ACG staff use technology resources for educational purposes and to communicate with families, and that the use of such is for the purpose of expanding the curriculum and supporting family participation in the program. The use of these resources is limited as defined in the ACG Personnel Policies and in accordance with the limitations defined in Section 110 of the Copyright Act.

_____ I understand that A Child's Garden is an outreach ministry of First Presbyterian Church. Although no "religious" activities associated with the church will be imposed, from time to time, family activities offered by the church will be promoted through flyers or mailings. **If you do not want to receive these, please indicate "No" rather than initial acknowledgement.**

_____ I understand that this is Part 1 of an agreement for 2017-18. Part 2 includes confirmation of the schedule, tuition rate and schedule of payments.

Responsible Family Member Name (Please print)

Signature

Date

ACG acknowledgement of receipt

Date reviewed