

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 THE FORM ENTIRELY.

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.), it is my responsibility to give a written update to 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 that ACG provides a school newsletter, called **Garden News**. The newsletter is provided electronically. I will receive a copy of the school newsletter each week as a means of keeping up to date on important school news.
- _____ 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, current vehicle registration and to maintain liability insurance on the motor vehicle as required by New Mexico law. **I will provide A Child's Garden with all necessary documents if my family will provide transportation for children other than my own 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 understand that A Child's Garden is an inclusion program and that therapists from various specialized service providers such as 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 regarding 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 disenroll my child 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 schedule after completing the Registration Form, 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 7:30,8:30 or 9:00 unless my child is enrolled for early care and pick-up times are 1:00, 3:00, 4:30 and no later than 5:30. I understand that I will be charged for early drop-off (before 8:25 or 8:55) at the rate of \$20 per morning and late pick-up beginning 10 minutes following the scheduled 1:00, 3:00 or 4:30 pick up time at the rate of \$40. Immediately following 5:35 a fee of \$50 will be charged in addition to the rate of \$5 per minute. If I continue to drop off early or pick-up late without a reservation, the **fee will double each time**. I understand that **CYFD will be contacted if my child is not picked up by 6 pm**. I understand that extended early care and after care cannot be provided on a regular basis and is limited to 1-2 emergencies a year upon approval of the director.
- _____ I agree to have my contact information shared with the Family Involvement Committee (FIC) for information regarding classroom events and communication. **If you do not want to share your contact information with the FIC, please indicate “No” rather than initial acknowledgement.**
- _____ 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.**
- _____ If my child has more than one household, I agree to provide a Court stamped copy of your Parenting Plan and Custody Order (if one is in place). **If this does not apply, please indicate with “NA”.**
- _____ I understand that this is Part 1 of an agreement for 2021-22. Part 2 includes confirmation of the schedule, tuition rate and schedule of payments.

Responsible Family Member: Please Print Name	Signature	Date
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ACG acknowledgement of receipt

Date reviewed