

PARENTAL AGREEMENT



Child's Name _____

Please check "yes" or "no" to the following statements, sign your name and return one copy to Valley Preschool and keep one copy in the Parent Handbook for your records.

1. Information contained in your child's record is collected to assist Valley Preschool staff in providing appropriate care for your child. It is available to your child, to you as parents or guardians, to your child's legal representative, to staff members of Valley Preschool and to the Commissioner of the Minnesota Department of Human Services.

Yearly, as part of a licensing requirement, a health consultant inspects the facilities and reviews the health and safety procedures. The consultant also reviews health and medical information contained in individual children's files in order to identify specific health/medical needs and to recommend program plans to assist Valley Preschool staff in meeting these health needs.

I give permission for the health consultant for Valley Preschool to review my child's health records.

Yes _____ No _____

2. From time to time, students or teachers ask to observe classes at Valley Preschool in order to complete assignments. Parents would be notified in advance of such a project.

I give my child permission to be included in educational studies approved by my child's teacher.

Yes _____ No _____

3. I give permission for my child to be photographed in the program, at program functions, and on field trips and for the photos to be displayed at school and used in the yearbook. I understand that the photographs may be taken by school staff, professional photographers, news media, or other parents. You will be notified in advance if any photographs are to be used for newspaper articles or for publicity purposes and have the right to refuse permission at that time.

Yes _____ No _____

4. I give permission for my child's name, phone number, and home address to be included in the Valley Preschool directory and to be distributed to parents of enrolled children and to staff members.

Yes _____ No _____

5. I give permission for the following email address(es) to be distributed to parents of enrolled children and included in the Valley Preschool directory for use by Valley Preschool families and staff.

Name _____ Email Address _____

Name _____ Email Address _____

6. I have received a copy of the Parent Handbook and understand and agree to the policies and procedures of Valley Preschool as stated in the handbook.

Yes _____ No _____

7. I have provided Valley Preschool with the following forms: Immunization Record, Physician's Statement, and Emergency Information Form.

Yes _____ No _____

Signature of parent or legal guardian _____

Date _____