



UDA CREATIVE ARTS PRESCHOOL 2019-2020 POLICIES AND PROCEDURES

PLEASE READ AND INITIAL EACH ITEM

- _____ I am responsible for reading and understanding the contents of the UDA Creative Arts Preschool Parent Guide.
 - _____ I understand that my child’s teacher will contact me in August to set an appointment for my child’s evaluation and orientation.
 - _____ I understand and will abide by carpool procedures. I will walk my child into the building if a carpool attendant is no longer outside when I arrive.
 - _____ I understand that if I am more than 5 minutes late for pick up, my account will be charged \$5 and an additional \$1 for each additional minute I am late, according to the preschool clock.
 - _____ I will not bring my child to school if he/she shows signs of illness.
 - _____ I understand and agree to preschool discipline policies.
 - _____ I give my permission for staff to help should my child need bathroom assistance. This includes changing diapers or “pull ups” for the 2-year old class. This also includes assisting children in changing clothing due to accidents or into after preschool dance class uniforms.
- OR**
- _____ I would like the office to call me and wait until I arrive should my child need bathroom assistance or help changing clothing.

LEGAL WAIVER

I hereby release UDA Creative Arts Preschool, Brooke Maxwell and UDA Creative Arts Preschool Director, Staff and Faculty Members from any and all claims of damage or injury suffered by myself and registered students in connection with or by the association of UDA Creative Arts Preschool. This includes my heirs who may not act in my behalf. By enrolling the registered student(s), I certify that they are in good physical condition and able to participate in the activities that have been or will be scheduled. I understand and assume all risks involved in with my child’s participation in preschool activities, this also includes field trips. I understand that any injuries that may occur are the sole responsibility of the parent/legal guardian, of the above registered student(s). I further understand that I, as the responsible party, must carry my own insurance.

MEDICAL RELEASE

I hereby give permission for any and all medical attention to be administered to my child(ren) in the event of an accident, injury, sickness, etc., under the direction of a physician or emergency personnel, and at the necessary emergency facility until I may be contacted. I also assume responsibility for the payment of any and all such treatment.

MEDIA & TEXT RELEASE

1. I authorize and release the use of any Media Information that references me or the above listed student(s).
2. I authorize UDA Creative Arts Preschool to use "Parent 1" cell phone number to text important preschool information, such as class cancellations, schedule changes, etc. This will not be used for advertising or sales purposes.
3. I authorize UDA Creative Arts Preschool to release my email address and phone number to the parents of my child’s classmates.
4. I give UDA Creative Arts Preschool permission to release my email and phone number to my child’s classmates.

Parent/Guardian Signature: _____ Date: _____