

Parental Agreement



Discovery Montessori Academy has accepted _____
(Child's Name)

as a (half-day, full-day, or all-day) (Nido, Toddler, Primary) student.
(Circle Program) (Circle Class)

Our hours of operation are 7:00 a.m. to 6:00 p.m.; Monday through Friday.

- Each day the school will provide a healthy lunch and one or more snacks for Toddler and Primary children depending on which program they attend. If your child has special dietary needs or food allergies they are to be discussed with your child's teacher and noted on his/her record.
- We can only administer medication of any kind to our students after receiving a signed Authorization to Dispense Medication form. This applies to non-prescription medicine, diaper creams, and sunscreens as well.
- I am aware that:
 - My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
 - It is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
 - Discovery Montessori Academy agrees to keep me informed of any incidents, including illnesses, injuries, exposure to communicable diseases, which include my child.
 - Discovery Montessori Academy agrees to obtain written authorization from me before my child participates in field trips, and special activities away from the school.
- I have received a copy and agree to abide by the policies and procedures of Discovery Montessori Academy.

Parent/Guardian Signature

Date

Head of school/Director Signature

Date