Parental Acknowledgment/Agreement Form

CHI Montessori Academy agrees to provide educational services for _______________
(Name of child)
Monday through Friday from 7am to 6pm. The school year is August through May.
My child will attend from ______________________am until __________________pm.

My child will participate in the following meals:
Please circle: Breakfast - 8:30am  Lunch - 12 Noon  Snack - PM

Before any medication is dispensed to my child, I will provide a written authorization,
which includes: date, name of child, name of medication, prescription number, if any,
dosages; date and time of day medication is to be given. Medicine will be in the original
container with my child's name marked on it

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.

I acknowledge it is my responsibility to keep my child's records current to reflect any
significant change 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.

The facility agrees to keep me informed of any incidents, including illnesses, injuries,
adverse reactions to medications, etc. which include my child.

I authorize CHI Montessori Academy to obtain medical care for my child when I am not
available.

I have received a copy of the handbook and agree to abide by the policies and procedures
for CHI Montessori Academy.

I understand that the center will advise me of my child's progress and issues relating to my
child's care as well as any individual practices concerning my child's special needs. I also
understand that my participation is encouraged in facility activities.

Signed _______________________________  Date____________________
(Parent/Guardian)

Signed _______________________________  Date____________________
(Facility Administrator)