

Parental Agreement with Cumming First United After School

Cumming First United Methodist After School agrees to provide day care

for _____ (Name of Child)

Days of Attendance:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Flexible Schedule

My child will participate in the following meal: Afternoon Snack

_____ 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 changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, 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 hereby release all adult chaperones, staff members, directors, CFUMC After School and CFUMC from any all liability arising from damage or injury to person and/or property.

_____ Cumming First UMC After School agrees to obtain written authorization from me before my child participates in routine transportation or field trips away from the facility.

_____ I authorize Cumming First UMC After School to obtain emergency medical care for my child when I am not available.

_____ I have received a copy of the Cumming First UMC After School Handbook and agree to abide by the policies and procedures.

_____ 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.

(Parent/Guardian) Signed: _____ Date: _____

(Facility Administrator/Program Director) _____