



Happy Faces Preschool Agreement/Consent Form

- I understand and agree that fees are due first day of every month and that I must pay in full even if my child is absent during that week.
- I understand and agree that my child must be picked up no later than 6p.m.
- I understand and agree that Happy Faces Preschool is not responsible for my child at drop-off until he/she is escorted to the classroom, inspected by the teacher and signed in. In the event that my child cannot be accepted by the center for any reason (suspected illness, over-due fees, etc.), my child will be released to the designated escort, who then becomes responsible for my child.
- I understand and agree that Happy Faces Preschool is not responsible for my child once he/she is picked up and/or signed out by the designated escort. In the event that the designated escort cannot pick up my child, I must call the center to inform the name of the individual who will replace the escort with the understanding that the individual has to be 18 or over and must have a valid photo ID.
- I understand and agree that I will be notified by Happy Faces Preschool personnel if my child becomes ill during the day and I agree to have my child picked up in a timely manner by an appointed person. I also agree that if my child is diagnosed with contagious disease, I will notify the school and will only return with written permission from my child's physician.
- I understand that for the safety of all children and the security of Happy Faces Preschool, security cameras are placed through-out the entire building including classrooms and all entrances and hallways.
- Cameras are not accessible to parents
- I give permission to photograph, videotape, and/or audio record my child for educational purposes including class pictures.
- I understand and agree that I must provide all necessary documents (i.e. Birth Certificate, Medical Examination Form, immunization record, and all other necessary enrollment documents in a timely manner).
- I have provided information on my child's special needs (allergies, asthma, diet, disabilities and/or other medical conditions) to the center, as may be necessary to assist the facility in properly caring for my child in case of an emergency.
- I consent to the enrollment of my child at Happy Faces Preschool and have been advised of the policies regarding health and safety.

Parent/Guardian's Signature: _____

Date: _____