

Parental Agreement

_____ will attend Dunwoody Baptist Preschool
Child's Name

as a member of the _____ class from 9:00 to 1:00 p.m.
from September to May. (See school calendar)

1. 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 preschool personnel.
2. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur including telephone numbers, email address(es), parent work location, emergency contacts, child's physician, health record, and immunization record, etc.
3. I understand that Dunwoody Baptist Preschool will not administer any medication to my child with the exception of an epi-pen or Benadryl accompanied by a written doctor's authorization and written parent consent. Please discuss any other concerns with the Director. .
4. I acknowledge that it is my responsibility to provide a nutritious lunch and classroom snack within the guidelines described in The Parent Handbook.
5. If tuition payment is not received after school is closed on the 5th day of the month, a \$25.00 late fee will be incurred per family. I will pay all late fees in full with the monthly tuition.
6. In case of extended absence due to trips or illness, the monthly tuition will be paid on time to reserve a place in the class for my child.
7. I understand that if **NO** tuition payment is made by the 5th day of the second consecutive month, my child will be withdrawn from school.
8. I understand that all payments are first applied to the oldest outstanding invoice.
9. I understand that registration and all other fees are non-transferable and non-refundable.
10. I acknowledge that my child may be photographed and/or videotaped by teachers and staff of DBP for school or church use.
11. I understand that email will be the primary form of contact for most communication between the office and parents.
12. I agree to abide by the Dunwoody Baptist Preschool Parent Handbook rules, regulations, and policies.
13. I understand that DBP Forms #1 through # 5 and the #3231 Immunization Form must be completed and turned in before my child may attend school.

Signed: _____ Date: _____
Parent/Guardian