



## Parental Agreement with BEST Academy

**I agree to enroll my child, \_\_\_\_\_ at BEST Academy.**

Best Academy will provide early learning Monday-Friday from 7:00 a.m. - 6:00 p.m.

Best Academy will provide a morning snack, lunch, and an afternoon snack.

- 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.
- My child will be released from BEST's care only to those persons that I have authorized and submitted to BEST in writing.
- 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, infant feeding plans and immunization records, etc.
- 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.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
- I authorize BEST Academy to obtain emergency medical care for my child when I am not available.
- I agree to 20 mandatory parental volunteer hours per year.
- If I am late picking up my child, I agree to pay, upon pick-up, an overtime rate of \$5 for the first 10 minutes, then \$1 for every minute thereafter.
- I understand and consent to policies regarding fees, late fees, and absences.

**I have received a copy, have read, accept and agree to abide by the policies and procedures of BEST Academy as stated on this sheet and in The Parent Handbook.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director/ Person in charge)