

WEEKDAY SCHOOL

Parent's Acknowledgment, Consent and Agreement Form

I, the undersigned, parent or legal guardian of _____ do hereby verify that the information on the registration form is correct and agree to conform to the policies established by the Albemarle Road Presbyterian Church Weekday School Board as stated in the handbook. I hereby release and forever discharge Albemarle Road Presbyterian Church, Albemarle Road Presbyterian Church Weekday School, and their officers and employees from any damage or injury which may be incurred by my child while attending the Albemarle Road Presbyterian Church Weekday.

I grant permission for my child to be photographed and/or videotaped during Weekday School events or parties, and for use in craft projects. If I have any concern regarding photography, I will address this concern with the Weekday School Director.

I agree to:

1. Discuss with the Weekday School Director any special needs or problems my child has or may have (physical, mental, emotional, etc.) prior to enrollment.
2. Present the attached Physician's Report, completed by a doctor, by September 2018.
3. Keep my child at home if any illness or cold symptoms are developing, fever, vomiting or diarrhea in the last 24 hours or if my child is extremely tired.
4. Report immediately the date of development of any contagious disease.
5. Discuss anything concerning my child with the teacher only when my child is not present and when the teacher is not responsible for other children.
6. Read carefully and understand the policies of the Albemarle Road Presbyterian Church Weekday School which are stated in the Parent's Handbook.
7. Make the tuition payments the first week of classes each month. Tuition is the same amount every month, September thru May. All tuition payments are non-refundable. The tuition is due whether or not the child is in attendance.

I authorize that my child may be released by Albemarle Road Presbyterian Church Weekday School staff to the following persons:

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____ Cell Phone _____

I, the undersigned, do hereby verify and grant permission that in the event my child, _____ should require emergency medical attention while in the care of ARPC Weekday School staff during school hours, I hereby authorize the staff of Albemarle Road Presbyterian Church Weekday School to procure and /or provide such emergency medical attention for my child. I give consent for any and all treatment deemed necessary by the attending physician. I understand that all costs that may be incurred by such emergency medical attention will be my responsibility. I hereby release ARPC Weekday School and its staff from any legal consequences that might result from such emergency medical attention. This authorization is valid for one year from date of signature unless ARPC Weekday School is otherwise notified in writing.

Child's Physician _____ Office Phone _____

Emergency Room Preference _____

Insurance Company _____ Phone _____

Signature of Parent/Guardian _____ Date _____

