

For Preschool use only
 Class assigned to: _____
 Registration fee paid on: _____

Return white copy along with \$_____ registration fee to:

 (Registration fee refund will be made only if child is not placed due to lack of space.)

Big Bend Cooperative Preschool Parent Agreement

Parent's Name _____ Parent's Name _____

Email _____ Email _____

Mailing Address _____

Residential Address _____

Primary Phone Number _____ Secondary Phone Number _____

Child's Name _____

Child's Birthdate _____ Child's Age on Aug. 31 _____ yrs _____ mos

Class _____ Class Day(s)/Time(s) _____

Chairmanship _____

1. I want to participate in the Big Bend Cooperative Preschool (BBCP) program.
2. *I will participate in the program as required. If I cannot participate, I will arrange for a substitute as specified in the school By-laws and Standing Rules.
3. *I will attend regular monthly parent and business meetings held to discuss child development, curriculum, parenting questions, and the preschool.
 Day _____ Time _____ Location _____
4. *I will participate in fundraisers, special projects, committee chairmanships, individual assignments, and clean-up committees to help maintain the preschool.
5. I will read and abide by the Bylaws and Standing Rules of the preschool.
6. I will read and abide by Risk Management and Safety Policies.
7. I will complete a medical information card, an immunization record for my child, and an "Authorization to Consent to Treatment of Minor" form (Emergency Medical Consent).
8. I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle within a 20-mile radius of the preschool, given 24-hour notice.
9. I understand the need for confidentiality and I will not discuss personal information I learn about children, parents, or teachers.
10. Failure to complete program requirements may result in dismissal from the program.
11. If I default on my bill, the preschool has the right to seek collection and fees (recover all costs).

I have read and agree to the above statements.

Dated _____ Signed _____

*Either or both parents may participate

*Yellow copy – Parent *White copy – Preschool