

Froggie Frontier Preschool & Childcare  
**2021 - 2022 Admissions Agreement**  
Please initial each statement and sign below

I have received a copy of the 2021 - 2022 Parent Handbook and agree to the policies and procedures described within. \_\_\_\_\_

I understand that I will be required to submit information electronically through the center's on-line management system, register on the Bloomz! app and complete the following forms before my child can attend Froggie Frontier: Registration Form, Child's Preadmission Health History Form, Identification & Emergency Form, Physician's Report, Consent for Emergency Medical Treatment, Immunization Records, Admission Agreement, Financial Agreement, Walking Field Trip Permission Form, Parents' Rights Form, and Personal (Child's Rights), Forms and the Ages & Stages Developmental Screening Questionnaire within 1 mo from receipt. \_\_\_\_\_

I understand that if my child requires an inhaler or epi-pen to be left at the center that I will have my child's physician complete and sign the "Anaphylaxis Emergency Action Plan" form prior to my child's first day of attendance and that I will maintain current medications at the center as required. \_\_\_\_\_

I understand that I am responsible for providing a change of clothing for my child to be kept at school. In the event that my child uses this change of clothes, I will provide another change on the next day my child is in attendance. \_\_\_\_\_

I understand that if my child participates in the nap program, I am responsible for washing my child's blanket each week. \_\_\_\_\_

I agree to send my child to school in appropriate clothing as described in the parent handbook. \_\_\_\_\_

I understand that I am required to sign my child in and out of the center each day using the outlined procedure. I understand that if I or another authorized person fails to sign my child into the center that I will provide written authorization for the center to do so on my behalf immediately upon notification of said need. \_\_\_\_\_

I understand that I must visually supervise my student's siblings at all times and ensure that they adhere to center rules. \_\_\_\_\_

I have read the Photo and Media Policy. I ( agree do not agree ) for my child's photo to be used for advertisement, school publications, and/or the school website. \_\_\_\_\_

I understand the rights of the licensing agency and recognize that they have the authority to interview my child and to inspect, audit and/or copy my child's records without prior consent. \_\_\_\_\_

I understand that Froggie Frontier is a tobacco-free school and that my visitors and I are not allowed to smoke/vape on or near the premises. \_\_\_\_\_

I have read the communication policies and agree to read all email correspondence and check my student's file daily. \_\_\_\_\_

I have read and agree with the discipline policy as outlined in the parent handbook. I understand that I may be required to attend parent/teacher conferences during the school day, pick up my child early, or have my child suspended or dismissed from any and all services of Froggie Frontier's programs and services due to negative, destructive, or violent behavior. \_\_\_\_\_

I have been given a copy of the Caregiver Background Check and Lead Exposure notifications. \_\_\_\_\_

I have read and understand the health and safety policies. I agree to take my household's temperature and screen for covid-19 symptoms prior to leaving for school each day and to keep my child home under the circumstances listed in the handbook. I agree to keep my child home under the conditions outlined in the parent handbook. I understand that the staff reserves the right to inspect my child daily for illness and can send a child home that staff does not deem well enough to be at the center. \_\_\_\_\_

I understand that I must notify the school at once if my child contracts a communicable disease or if anyone in my household has symptoms of or a known case of COVID-19, or has a known exposure to someone with a suspected or known case of COVID-19. I understand that in these circumstances, my child may only return to school with a written doctor's release. \_\_\_\_\_

I have read and understand the medication policy and understand that staff will not administer medication to my child if I have not followed the criteria as outlined in the parent handbook. \_\_\_\_\_

I have read and understand the pesticide regulations policy as outlined in the parent handbook. \_\_\_\_\_

I understand that the parent participation program has been suspended for the time being, but should I choose to participate when it is reinstated that I agree to fill out and sign the required paperwork and submit proof of the required immunizations and a clear T.B. test. I also understand that should I not be able to fulfill my time obligation in any given month that I will not be given the parent participation discount for that month. \_\_\_\_\_

I understand the importance of maintaining accurate emergency phone numbers and other information for myself and the other people listed on my child's forms. I agree to notify Froggie Frontier immediately of any changes in address, phone numbers, attending physicians or dentist, etc. and to update my written form at the center as well as on the online system. \_\_\_\_\_

I understand that either party may terminate enrollment with a 15-business day written notice, except in the event of my child not being fully toilet trained or due to my child's negative, destructive or violent behavior, in which case, Froggie Frontier may suspend services immediately. Parental termination will not be accepted in the month of May. \_\_\_\_\_

I have read and understand all the policies and procedures as listed above AND as outlined in the Parent Handbook and agree to abide by these policies and procedures. Further, if I have someone else other than myself drop off or pick up my child from the center that I will notify them of the above procedures. \_\_\_\_\_

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name

Date

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name

Date