



Abiding Hope Schools Parent Agreement

Child(ren) Name: _____ Parent Name: _____

Please sign and date the completed form

Policy & Handbook Agreement

We/I agree to abide by the policies and procedures applicable to Abiding Hope Schools. We/I agree to adhere to all rules, policies and procedures pertaining to pick-up and drop-off times, tuition fees, late fees for late payments, late fees for late pick-up, withdrawal of children from preschool program and other additional matters addressed in the policies and procedures in the AHPK and AHNS handbooks. We/I have received and reviewed the parent handbook.

Permission to participate in Limited Screen Time for Educational Purposes or Watch G/PG Movies

We/I give my permission for the child/children named above to participate in activities which involve short amounts of screen time such as Cosmic Yoga, Read Along stories and songs, etc...or watch an occasional G or PG movie.

Permission To Label Personal Items

We/I give my permission to Abiding Hope Schools staff to label any items (water bottles, lunch boxes, towels etc) that are not already labeled.

Sunscreen Application

We/I will apply a base layer of sunscreen prior to drop off. I understand that sunscreen will be available at Abiding Hope Schools for me to apply, if needed. Abiding Hope Schools staff will reapply sunscreen throughout the day if needed. It is my responsibility to look up the sunscreen ingredients.

Sunscreen Permission

We/I give Abiding Hope Schools permission to use their sunscreen (Rocky Mountain Sunscreen Kids - sunscreen that is SPF 50, Oxybenzone-free, broad spectrum, water resistant, hypoallergenic, and fragrance free)

OR

We/I will provide our own sunscreen for our child(ren) to use. Name of Sunscreen: _____

Permission for Use of Hand Sanitizer

We/I give permission for my child to use school-approved hand sanitizer in instances where handwashing with soap and water is not possible.

Permission for Use of Diaper Cream (Infants, Littles and Tweens classes only)

We/I give permission for staff to apply diaper cream as needed to my child. I agree to provide my preferred brand/type of cream that may be applied.

Speech and Occupational Therapists Screening and Evaluation

We/I understand that the Abiding Hope Schools contracted pediatric speech therapist and occupational therapist will be occasionally observing, supporting, and facilitating small and large groups in all classrooms.

We/I give permission for the Abiding Hope Schools contracted pediatric speech therapist and occupational therapist to screen my child at any time during the year, if deemed necessary by the teacher and after an initial observation.

- If after my child is screened and further evaluation is recommended, we/I will be notified, and we/I will take the steps toward formal evaluation with either AH Schools therapists or an outside source (for example Child Find or a developmental pediatrician) to either rule out or confirm a need for early intervention services.
- We/I understand that we/I have **90 days from notification of referral** to have my child evaluated. After evaluation and within the 90 days, services must be started to support their needs or we must receive a letter from the evaluators stating that early intervention support services are not needed at this time.
- If my child has been determined to need services, and we/I have chosen to decline the offered services through the evaluator, my child may not be able to continue attending Abiding Hope Schools without services.
- We/I understand that if my child requires 1:1 in a classroom for more than 50% of the school day, Abiding Hope Schools will notify me, and will provide staff, which will be billed to the account at the set rate for this service per hour. I understand it is my prerogative to find and provide my own 1:1 for my child, if preferred.
- We/I understand that Abiding Hope Schools will be providing student support groups during the school day throughout the school year. If it is decided that it is in the best interest of my child to participate in a group, I will be notified and will allow my child to participate in the group. If there is an additional charge for this group, the school will notify me.

We/I understand that before enrollment acceptance, the Abiding Hope Schools student support team, consisting of administration, teacher, occupational and speech therapists, and instructional coach will be reviewing all IEPs, IFSPs to determine placement. We/I understand that AH Schools may not be equipped, and if my child's needs exceed the support or resources available at the school, we/I will provide my own 1:1 for my child, or they will not be eligible to enroll. Abiding Hope Schools has the right to terminate services if any information regarding development or behaviors has not been disclosed.

Walking Field Trips under age 3

This is a blanket permission form to allow children under the age of 3 years old to walk around the school property in unfenced areas. Students will be going on nature walks and adventures around the property: i.e. lawn, parking lot for community helpers week, parking lot for drills and halloween parade, etc...We will always look at the weather before leaving. Please apply sunscreen prior to school, send your child in appropriate walking shoes, and with a full water bottle.

We/I agree to abide by the Abiding Hope Schools walking field trip policy for children who are attending field trips

“If a child exhibits any disruptive, unsafe or aggressive behaviors on a field trip the child exhibiting these behaviors will no longer be able to participate. No second chances and no exceptions. **Any adverse behaviors will be documented and parents will receive information in writing via email and a phone call or in person conversation with a member from administration.”

Walking Field Trips over age 3

This is a blanket permission form to allow children over the age of 3 years old to walk around the school property and the surrounding areas. Students will be going on nature walks and adventures around the property and the surrounding areas: i.e. neighborhood, nearby parks, homecoming parade, etc...if another location not listed on this form is chosen, parents will be notified by the teacher prior to the field trip. Children under the age of 4 will not be participating in trips that require crossing busy streets or intersections. We will always look at the weather before leaving. Please apply sunscreen prior to school, send your child in appropriate walking shoes, and with a full water bottle.

We/I agree to abide by the Abiding Hope Schools walking field trip policy for children who are attending field trips

“If a child exhibits any disruptive, unsafe or aggressive behaviors on a field trip the child exhibiting these behaviors will no longer be able to participate. No second chances and no exceptions. **Any adverse behaviors will be documented and parents will receive information in writing via email and a phone call or in person conversation with a member from administration.”

Statement of Medical Authorization

We/I hereby give my permission to Abiding Hope Schools to seek medical or surgical care for my child,

_____, should an emergency arise. It is understood that a sincere effort will be made to contact the parent(s)/guardian before any action is taken. However, if parents or emergency contacts are unable to be reached, the parents will accept responsibility for any expense.

Insurance Provider: _____

Insurance Policy Number: _____

Preferred Hospital: _____

I understand that the emergency professionals may make an informed decision to transport to another hospital according to proximity.

Parent Signature(s): _____ Date: _____