



Abiding Hope Nature School

Child's Name(s): _____ Parent Name(s) (Printed): _____

Please initial next to each statement, sign and date the completed form and return one week prior to the first day of school via email to Janice@abidinghope.org or fax to 303-972-0424.

Policy & Handbook Agreement

We/I agree to abide by the policies and procedures applicable to Abiding Hope Nature School. 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 the preschool program and other additional matters addressed in the policies and procedures in the Abiding Hope Nature School handbook. We/I have received and reviewed the parent handbook.

Speech and Occupational Therapists

We/I understand that a speech therapist and occupational therapist will be occasionally observing, supporting, and facilitating small and large groups in all classrooms.

Permission To Label Personal Items

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

Sunscreen Application & Permission

We/I will apply a base layer of sunscreen prior to dropping off my child/children. I understand that sunscreen will be available at Abiding Hope Nature School for me to apply, if needed. Abiding Hope Nature School staff will reapply sunscreen throughout the day. It is my responsibility to look up the sunscreen ingredients (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 Print and Digital Media

We/I give my permission for the child/children named above to be videotaped and/or photographed for staff training, memory books/videos, use in Kaymbu, and during special events.

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. We wash our hands with soap and water as often as possible.

Permission for Use of Diaper Cream (Ones and Twos 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.

Statement of Medical Authorization

We/I hereby give my permission to Abiding Hope Nature School to seek medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to contact the parent(s)/guardian before any action is taken. However, if we are unable to be reached, we will accept responsibility for any expense.

Insurance Carrier: _____ Telephone: _____

Policy Holder's Name _____ Group/Membership Number: _____

Parent Signature(s): _____ Date: _____