Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allendale Academy Center Policy Agreement**

(Please initial after each policy)

I understand that Allendale Academy will assume full responsibility for my child from the time he/she is clocked in and clocked out on the time clock by the parent/authorized person.\_\_\_\_\_

I understand that if an illness or medical emergency arises, the Allendale Academy staff will contact me. **If I can’t be reached and the EMERGENCY IS SUCH THAT IMMEDIATE MEDICAL ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO TAKE MY CHILD TO THE NEAREST HOSPITAL. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE. I UNDERSTAND THAT ALLENDALE ACADEMY IS NOT RESPONSIBLE FOR ANY EXPENSES INCURRED AS A RESULT OF MY CHILD RECEIVING MEDICAL CARE**.\_\_\_\_\_

I give my child permission to fully participate in this program.\_\_\_\_\_

I give permission for my child to be photographed for educational or promotional (brochures or website) purposes.\_\_\_\_\_

I understand that a summary of the Wisconsin rules for Licensing Childcare Center is available for my review.\_\_\_\_\_

I understand that Allendale Academy will not provide care to school-age students who have been suspended and cannot attend Southport Elementary.\_\_\_\_\_

I understand that Allendale Academy cannot pick up ill students from Southport Elementary.\_\_\_\_\_

I understand that Allendale Academy has the right to terminate enrollment if the child’s needs cannot be met or the expectations of the parent(s) cannot be met.\_\_\_\_\_

Parent Signature Date