

# Compliance Agreement 2016-17

## Holy Trinity Lutheran Preschool

**Parents, please read, initial each statement and sign this agreement for our files. Thank you for your cooperation.**

\_\_\_\_\_ I have read and agree to comply with the rules and regulations of Holy Trinity Preschool regarding payments, fees, attendance, health, parking, clothing, and other items specified in the Parent Handbook.

\_\_\_\_\_ I give permission for my child to use all of the play equipment and participate in all of the activities at school.

\_\_\_\_\_ I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. Prior notice will be given for driving trips. **PLEASE LEAVE A CAR SEAT FOR YOUR CHILD ON DAYS WE WILL BE LEAVING THE SCHOOL.**

\_\_\_\_\_ I agree to notify the school at least one month in advance of withdrawal, when possible, should withdrawal be necessary at any point during the preschool year.

\_\_\_\_\_ I understand that the monthly tuition is based on a daily schedule and is due the first day of each month during the preschool year (September through May). The tuition remains the same, regardless of the number of days the child actually attends.

\_\_\_\_\_ I give my permission for Holy Trinity Lutheran Preschool to feature my child's work in the following ways without compensation: photos, videos, quotes, artwork, pictures, pictures and work on the website and private Facebook account (not labeled with names), photos for church events, directory and slides on internal TV channel. *Please strike through any feature you DO NOT give us permission to use.*

\_\_\_\_\_ I give permission for my child to watch G rated films or video clips from the internet as a supplement to the teacher's curriculum.

\_\_\_\_\_ I give permission for my family's names, phone numbers and emails to be included in the printed school directory. *Please strike through any information you DO NOT want featured in the directory.*

\_\_\_\_\_ I authorize and understand that the following entities have access to my child's records and keep all information confidential. Also, if individual screenings or testing is performed, I will be notified before and given results afterward:

- Holy Trinity Staff
- Sub-contracted nurse consultant or other health specialists
- Colorado Department of Human Services
- NAEYC assessors
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\_\_\_\_\_ I authorize Holy Trinity Lutheran Preschool to partner with Play Therapy i.n.c. (Integrate, Nurture, Connect) to provide social emotional coaching and consultation. Erin Bennetts, LCSW and Kelly Miller, LCSW will be providing coaching and consultation in order to provide the highest quality of care for our children, families and staff in their social emotional health and well-being. We are also partnered with Karin Wood of Children's Advisory Network to provide developmental screenings in vision, hearing and language, as well as on-going group and individual sessions for speech and language as needed and authorized by parents. The consultation and coaching will include observations in the classroom of both staff and children, professional development for staff, and individualized supports for children and families as needed.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Printed Parent Name \_\_\_\_\_

Date \_\_\_\_\_