



Parent Agreement

All children are required by the State of Colorado to have a current immunization card and health evaluation on file at Crossroads Academy upon registration and each year thereafter as your child is registered and enrolled at Crossroads Academy. You child will be unable to attend Crossroads Academy without his/her current immunization card and health record or exemption card.

Please initial by each item to signify that you have read and understood all items and agreements listed.

_____ I have received and understand that Parent Handbook and the Policies and Procedures outlined.

_____ I will notify Crossroads Academy if my child has a diagnosed contagious disease.

_____ Emergency information is to be kept up to date by written authorization or email.

_____ My child will be clocked in and out daily.

_____ Sunscreen, water bottle, lunch meals, and a change of clothes will be provided.

_____ I understand children will be taken outside daily weather permitting.

_____ I understand my child may watch "G" rated movies and/or videos and music related to the curriculum.

_____ I understand my child may be photographed/videotaped for promotional and class use.

_____ I understand payment is to be received one week before due date or on the first of every month if participating in automatic withdraw.

_____ ***I understand a late fee will be charged of \$10.00 if late for more than 15 minutes and that an additional \$1.00 will be charged for each minute thereafter until my child is checked out from Crossroads Academy.***

I _____ give my permission for Crossroads Academy staff to apply sunscreen on my child. I agree to provide the Academy with sunscreen of your choice. Sunscreen must be applied prior to all outdoor play.

In the case of medical emergency, I understand that every effort will be made to contact me. In the event I am unable to be reached, I give my permission to Crossroads United Methodist Church and Crossroads Academy and its representatives to obtain emergency medical care. I understand that I will bear any financial responsibility for all costs that might be accrue including but not limited to transportation services, hospital fees, doctor fees, etc. This permission will be effective for one year from the date signed below.

Print Name

Signature

Date

Directors Signature _____ Date _____