

**Piedmont Academy, INC.**  
**126 Hwy. 212 W., PO Box 126**  
**Monticello, GA 31064**  
**(706) 468-8818 ~ www. PiedmontAcademy.com**

**Parental Agreement with Child Care Facility**

1. The PIEDMONT ACADEMY PRESCHOOL agrees to provide day care for

\_\_\_\_\_ on \_\_\_\_\_  
(Child's Name) (Days of the Week)

\_\_\_\_\_ A.M. until \_\_\_\_\_ P.M. from \_\_\_\_\_ to \_\_\_\_\_ .  
(Month) (Month)

My child will participate in the following meal plan (Please check applicable meals and snacks):

\_\_\_\_\_ Breakfast  
\_\_\_\_\_ Morning Snack  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Afternoon Snack  
\_\_\_\_\_ Evening Meal  
\_\_\_\_\_ Bedtime Snack

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes:

- Date
- Name of Child
- Name of Medication
- Prescription Number (if any)
- Dosage
- Date and Time of Day Medication is to be Given

The medication will be in the original container with my child's name marked on the container.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (Example: Telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.).
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reaction to medications, etc. that involves my child.
6. The PIEDMONT ACADEMY PRESCHOOL agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy of this agreement and hereby agree to abide by the policies and procedures for PIEDMONT ACADEMY PRESCHOOL.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Facility Administrator)

\_\_\_\_\_  
(Date)

(Please keep this copy for your records)

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