



Mrs. O's



PRESCHOOL



Where your children take their first step in learning.

Parent Agreement Form

Please initial each item below:

_____ I confirm that my child is in good health and any activity and/or nutritional restrictions are noted on the Health Appraisal Form.

_____ I confirm that my child's immunizations are up to date and have included a copy of his/her records with a doctor's signature.

_____ I have received and read Mrs. O's Preschool Handbook and Payment Plan Agreement and agree to all of the policies and procedures .

BOTH PARENTS MUST SIGN OR THE PARENT/GUARDIAN WITH SOLE CUSTODY OF THE CHILD:

Parent/Guardian

Date

Parent/Guardian

Date