

PARENT CONTRACT

_____ I agree to notify VCP&A with emergency plans if I am going to be late picking up my student.

_____ I agree to arrange for the necessary Physical Examination and Immunizations for my student prior to enrollment and I will provide updated immunization each year thereafter.

_____ I agree to pick up, or arrange to have my student picked up, within an hour, when notified that he or she develops symptoms of a communicable disease, an oral or armpit temperature of 100 degrees Fahrenheit or higher, or recurring vomiting or diarrhea.

_____ I understand that my student must remain fever, diarrhea and/or vomiting free for 24 hours before returning to the academy (without the aid of medication).

_____ I agree to inform VCP&A within 24 hours if my child or any member of the immediate household has developed any reportable communicable diseases, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ I understand that in case of an emergency due to illness, I will be contacted. If I cannot be reached, the emergency contact persons I assigned will be notified to pick up my student.

_____ I authorize VCP&A to obtain immediate medical care for my student if an emergency occurs. I authorize VCP&A to provide or arrange for emergency transportation to the nearest hospital.

_____ I understand that authorized staff of VCP&A may give non-prescription medication only as directed by the instructions on the original container and with my written consent. I further understand that the non-prescription medication must be age appropriate in dosage administration. I understand that authorized staff of VCP&A may give prescription medication only as directed by the authentic prescription label and with written consent from both myself and the physician.

_____ I will support & reinforce VCP&A rules and procedures that concern the health & safety of my student and other students. I have read and understand the Discipline Policy in the VCP&A handbook.

_____ I understand that any garments, medication or items, including curriculums, left at VCP&A after my student has been withdrawn from VCP&A will be discarded after 10 business days.

_____ I understand that my student must have an approved car seat in excellent, clean condition before he/she can be transported in VCP&A vans.

_____ I understand that VCP&A has a dress code policy of Navy Blue or Khaki bottoms, White or Light Blue uniform top and dark rubber sole shoes (no sneakers, no jeans). I further understand that my child's uniform must be clean, with no holes and wrinkle free. VCP&A has casual dress on Fridays.

_____ **I have read the Finance Contract, Parent Contract, Center Contract, and Parent Handbook. I have read and understand their application to my child.**

I have read and initialed each statement, signifying I understand the terms of this contract.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date