

Stratford Academy ASAP

Parental Agreement

This form MUST be completed and on file for ALL PreSchool and Lower Students.

The Stratford Academy After School Activities Program (ASAP) agrees to care for

_____ who will attend the program as follows:

(Student's First and Last Name)

1. I acknowledge responsibility to keep my child's records current to reflect any significant changes as they occur (e.g. telephone numbers, work locations, emergency contacts, child's physician, child's health status, immunization records, etc.)
2. 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.
3. The facility agrees to keep me informed of any illnesses or injuries pertaining to my child. The Department of Human Resources requires that the director report any case of communicable diseases or suspected child abuse, neglect, exploitation or deprivation to the proper authority.
4. The child may be released ONLY to the following person(s) signing this agreement or to the person(s) listed below. Changes must be submitted in writing by the parent.

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| A. | _____ | _____ | _____ |
| B. | _____ | _____ | _____ |
| C. | _____ | _____ | _____ |

5. I must insure an immunization form is on file with the school if my child is entering kindergarten this year.
6. Should my child become ill or suffer an injury of any nature during the time that he/she is in the care of the Stratford After-School Activities Program, the facility shall attempt to contact the parent(s) immediately. In the case of severe illness or injury, the facility shall call 911 and the child will be transported by ambulance to the closest emergency facility which shall be authorized to provide necessary medical treatment. The parent shall assume responsibility for payment.
7. Before any medication is dispensed to any child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

WAIVER OF LIABILITY: It is expressly agreed that the participation by our child in any activities of the Stratford ASAP program and the use of any school facility or property shall be undertaken at my child's own risk. Stratford Academy, its servants, agents, and employees shall not be liable for any claims, demand, injuries, damages, actions, or causes of action whatsoever to me or my child or my property or my child's property arising out of, or connected with my child's being at Stratford. I do hereby expressly forever release and discharge Stratford Academy, its agents, employees, and trustees from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of Stratford Academy, its agents, employees, or trustees.

Signature below indicates that the parent or guardian understands and accepts the After School Activities Program fees and regulations as stated on this form and on the accompanying materials. Both parents must sign this form.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

ASAP Director _____ Date _____