

**Sweet Pea Preschool  
Parent Contract**

This agreement is made by and between Sweet Pea Preschool and \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_. The following has been agreed upon between the two parties beginning \_\_\_\_\_.

I have read and agree to the full contents of the Policy Sheet. I understand that disregarding these policies can result in termination from the preschool enrollment.

**Circle the schedule option/days your child will attend preschool:**

	Preschool 9 to 1		All day	
Monday	Tuesday	Wednesday	Thursday	Friday

I agree to the monthly rate of \$\_\_\_\_\_ to be paid the 1<sup>st</sup> of every month.

This agreement shall be in effect until which time parent/guardian or teacher has given termination notice in accordance to the Policy Sheet.

Sweet Pea Preschool Teacher	Date
BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD.	

Parent/Guardian	Date
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Parent/Guardian	Date
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**Sweet Pea Preschool**  
Liability Release Form

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**(Some activities may involve an element of risk. Such activities are closely monitored and the risk is actively managed. We feel the rewards from these activities greatly outweigh the risk involved.)**

In consideration of allowing the previously declared participant(s) to begin participation in Sweet Pea Preschool at the Laster's residence while on the premises and property of said Preschool, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless The Laster's of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Sweet Pea Preschool is conducted, or any premises under the control and supervision of said teacher, or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Sweet Pea Preschool.

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

# Minor Medical Treatment Authorization Form

## Child

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Treatment that the child is currently receiving: \_\_\_\_\_

\_\_\_\_\_ Start Date: \_\_\_\_\_  
Treatment that the child has previously received: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ End Date: \_\_\_\_\_  
Other medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Doctor's Information

Doctor's Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Parent(s)/Legal Guardian(s):

### Parent #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent #2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for Rachelle Laster or Sweet Pea Teacher to:  
Supervising Adult

- Administer general first aid, including approved medication, CPR and Epi-Pen.
- Seek medical attention for the child, including contacting medical personnel and transporting child to the necessary clinic or hospital.
- Issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and Administered by any licensed physician, surgeon, dentist, or medical personnel.

This authorization is given, prior to any immediate or pressing medical need, in order to provide the power of decision and the authority to act on the prudence and judgment of the Supervising Adult, With the provided input of authorized medical personnel.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Parent #1's Signature

\_\_\_\_\_  
Parent #2's Signature