

THIS WILL ACKNOWLEDGE THAT I/WE, THE PARENTS, GUARDIANS OF \_\_\_\_\_  
HAVE RECEIVED A COPY OF THE PARENT HANDBOOK FROM THE AUTHORIZED REPRESENTATIVE  
OF THE PIONEER PRESCHOOL.

I HAVE READ AND UNDERSTAND THE PRESCHOOL PHILOSOPHY, INFORMATION, AND POLICIES. I  
AGREE TO THE TERMS AS SET FORTH IN THE ADMISSION STATEMENTS BELOW:

1. I HAVE MET ALL REQUIREMENTS AND SUBMITTED ALL COMPLETED FORMS NECESSARY  
FOR ENROLLMENT IN THE CENTER.
2. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR THE TUITION BILLED OR MY  
SUBMITTED SCHEDULE EACH MONTH. IN A DIVORCED FAMILY EITHER OR BOTH  
PARENTS ARE RESPONSIBLE FOR TUITION.
3. I UNDERSTAND IT IS MY RESPONSIBILITY TO SIGN MY CHILD IN AND OUT EACH DAY IN  
THE CLASSROOM.
4. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE PRESCHOOL IN ADVANCE IF  
SOMEONE OTHER THAN THE APPROVED PERSONS IS PICKING UP MY CHILD.
5. I UNDERSTAND THAT IF IT WERE DEEMED NECESSARY:
  - a. THE DEPARTMENT OF LICENSING AGENCY SHALL HAVE AUTHORITY TO  
INTERVIEW CHILDREN OR STAFF; AND TO INSPECT AND AUDIT CHILD OR  
FACILITY RECORDS WITHOUT PRIOR CONSENT.
    - i. THE LICENSEE SHALL MAKE PROVISIONS FOR PRIVATE INTERVIEWS WITH  
ANY CHILD/REN, OR ANY STAFF MEMBER AND FOR THE EXAMINATION  
OF ALL RECORDS RELATING TO THE OPERATION OF THE FACILITY.
  - b. THE DEPARTMENT OR LICENSING AGENCY SHALL HAVE AUTHORITY TO OBSERVE  
THE PHYSICAL CONDITION OF CHILD/REN, INCLUDING CONDITIONS WHICH  
COULD INDICATE ABUSE, NEGLECT, OR INAPPROPRIATE PLACEMENT, AND TO  
HAVE A LICENSED MEDICAL PROFESSIONAL PHYSICALLY EXAMINE THE  
CHILD/REN.

\_\_\_\_\_  
SIGNATURE OF PARENT(S)/GUARDIAN(S)

\_\_\_\_\_  
DATE

**THIS FORM MUST BE SIGNED AND RETURNED TO THE PIONEER PRESCHOOL PRIOR TO  
ENROLLMENT.**