



Policy Agreement

I/we understand that I/we will be informed of any special problems, occurrence of serious communicable or infectious diseases my/our child is exposed to while he/she is in school. Noah's Ark Academy also understands that the parents of our students will notify us when their child is exposed to any communicable or infectious diseases outside of school.

I/we understand that it is my/our responsibility to see that a staff member of Noah's Ark Academy is aware of my child's arrival and departure at the school each day. I/we assume full responsibility for the conduct and /or protection of my/our child to and from school. This shall include all time until my child is in the care of and supervised by a school staff or appointed volunteer.

Permission _____ is given _____ is not given for my/our child's photo to be used on Noah's Ark Academy website, in print and/or in video used for publicity purpose.

I/we hereby permit my/our child to participate in the academic and scholastic programs, any activities and field trips provided by Noah's Ark Academy. I/we knowingly release Noah's Ark Academy, Inc. faculty and staff, worker, parents and all others acting on behalf of programs and activities from all claims that might result from injury, death and/or damage while on the school premises, in the custody of, or while being transported by designated personnel and/or companies participating with Noah's Ark Academy.

I/we hereby release and discharge Noah's Ark Academy from any responsibility and waive any and all claims against the school and staff members, either individually or collectively, for any injury, death and/or damage, which might be received during the stay at school closed hours, after six o'clock p.m., and/or in transportation to an authorized person or Children's Protective Services in accordance with the State Licensing Standard that govern all day care facilities.

I/we acknowledge that I/we have read and understood the fee schedules and the Parent's Handbook (which includes the school programs, discipline, general policies, and release of children, medical information and emergency procedures) and that I/we am/are in agreement with such policies and will abide by same. I/we hereby represent that I/we am/are the legal guardian of the child enrolled and that it is my/our responsibility to keep all information and authorizations pertaining to my/our child current.

I/we have read this policy agreement carefully and hereby agree to its terms.

Student's Name

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date