

Parent Receipt of Policies Form- 2023-24

Please check off each line to indicate that you have received, read and understand these policies.

	<u> Hillside Preschool Parent Handbook:</u>		
I have received and read a copy of th	e Hillside Preschool Parent Handbook.		
I have read and understand the fo	ollowing Policies which are found in the aforemention	oned Parent Handbook:	
_	repared by the Bureau of Licensing in the Division of Youth		
Hillside Preschool's Discipline and Ex			
Methods of Parental Notification & S			
Positive Guidance and Discipline Poli	-		
Communicable Disease Managemen	•		
Use of Technology and "Social Media			
Se of Technology and Social Media	•		
	<u>Tuition Agreement:</u>	a is sulit into 10 agust no un anto	
regardless of how many days are attende *Note: For the 2's TuTh pm class	de Preschool Tuition Agreement- I understand that tuitioned in the month. Payments are due the 1 st of the month from starting in January, there are 6 payments in total. tof the month from December 1st - May 1st.		
L have read Hillside Preschool's Poles	Release of Children Policy: use of Children Policy and have listed all adults authorized	to pick up my child (including	
both parents) on my child's Brightwheel	profile. If adding a new person as an authorized pick-up, t	this will be communicated to	
	Class List Inclusion:		
Please check the appropriate statement	to have your child's name, parent/guardian name(s) addre	ess and phone number to be	
	ormation will only be distributed to Hillside Preschool pare		
be utilized for appropriate purposes.			
	prementioned information on a class list.		
I do not give my permission to utilize	the aforementioned information on a class list.		
Photo, Video, Pu	ublic Facebook Page & Hillside Preschool Website Re	elease:	
I give my permission for my child (name)	to be:		
	ssroom purposes and shared via Brightwheel amongst the	mombors of our class and school	
• videotaped of photographed for class		: members of our class and school	
	Please check the appropriate box. yes no		
	side Preschool's Facebook and website, and the local new	spaper	
(no names or ages will be used)	Please check the appropriate box. yes no		
	Medical Release:		
In case of a serious accident illness or e	mergency requiring medical attention, I understand that e	every effort will be made to	
	ntacted, I hereby give permission to have my child transpo		
	edical treatment to be given. A staff member of Hillside Pr		
child until I, or my designated emergency		•	
	Please check the appropriate box to give permission.	yes no	
I have received, read and understand the	ese policies:		
Child(ren) Name(s):	Class(es):	Class(es):	
(Please	Signature e complete and return this form to Hillside Preschool)	Date	
(1.1645)			