

## Letter of Agreement

(Please read, sign, and submit to the Preschool office)

- I have read a copy of the UNLV/CSUN Preschool Handbook located online and/or in the Lending Library and I am familiar with the Preschool's philosophy, goals and objectives, operating program, policies and procedures.
- I accept and agree to abide by the policies and procedures set forth by the Preschool.
- I understand that failure to do so may result in the dismissal of my child from the Preschool's program.
- I understand it is my responsibility to make necessary changes as they occur to my child's paperwork that is on file in the main office, for example: address, telephone number(s), allergies, authorized escorts, consent for medical treatment, etc. Otherwise, the preschool may assume that this information is current and in effect and will be so during the course of the semester.
- I understand the Preschool may consult with the child's nurse or attending physician in regards to the child's health in an emergency.

**While attending the preschool:**

I hereby give permission to release information to official persons only, who identify themselves, such as Nevada System of Higher Education (NSHE) officials, schools, health care personnel, welfare, or other government officials.

**OR**  **I DO NOT** give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection **ONLY**.

All information contained in this registration packet is true and accurate.

**Notification of NRS.178:** By signing this policy, I am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child(ren)'s enrollment.

Notification Per SNHD:

Facility may use chemical air fresheners/pesticides at least once a month. Some of these fragrances may be in children's personal lotions.

By signing below I agree with all statements above.

\_\_\_\_\_ **(Parent/Guardian Print Name)**

**X**  
\_\_\_\_\_ **(Parent/Guardian Signature)**

**Child's Name** \_\_\_\_\_

Office Use ONLY	<b>Initials:</b> _____	<b>Date Received:</b> _____
Start Date: _____	Plan: _____	Classroom: _____
<input type="checkbox"/> Faculty/General Public	<input type="checkbox"/> Space Lottery	<input type="checkbox"/> Student
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Shot records	<input type="checkbox"/> Court Order (if any)	<input type="checkbox"/> My Academics <input type="checkbox"/> FERPA <input type="checkbox"/> Account Summary
Paid: _____	Registration Amount: \$ _____	Total Paid: \$ _____
Qualtrics Processing:	<b>Initials:</b> _____	<b>Date Received:</b> _____