



## SSA Parent Statement of Agreement

Child's Name: \_\_\_\_\_

### Statement of Agreement & Cooperation

I/We, \_\_\_\_\_ have read the Parents Handbook for Sunshine Smiles Academy and have had all of our questions answered by the Director, Erika Byrd.

I/We furthermore have read, understand and received a copy of the ITS SIDS Policy, Shaken Baby/Head Trauma Policy & Discipline Policy have been fully reviewed with me by the Director.

I/We give permission for our child to go outside the fenced playground area, for special events and under direct supervision of Center Staff.

I/We understand & agree to follow the policies stated in the Parent's Handbook regarding sickness, medications, hand washing, biting, transportation, inclement weather, holiday closing schedule, tuition/billing, withdrawal & refunds.

I/We also do understand that if I/We do not adhere to these policies & procedures as outlined, this will be grounds for termination of my child's agreement to attend the facility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

I have received & am in agreement with: **\*\*please initial below\*\***

Parents Handbook \_\_\_\_\_

Discipline Policy \_\_\_\_\_

Summary of Laws & Rules NC \_\_\_\_\_

Outside Fenced Playground Policy \_\_\_\_\_

ITS SIDS Policy (if child is 15 months or younger) \_\_\_\_\_

Shaken Baby/Head Trauma Policy \_\_\_\_\_