

**Franklin Special School District
Morning and After School Care Program (MAC)
Parent Agreement Form**

Please **READ** and **INITIAL** beside each item: please **do not check or place an X**.

____1. My child has permission to participate in all MAC activities, including enrichment classes. I will be notified of all field trips through MAC communications, and sign a permission slip for my child to attend.

____2. I give permission to the Franklin Special School District and MAC for any photos or video footage of my child(ren) taken during the course of MAC to be used for educational, promotional or any other purpose benefitting Franklin Special School District and/or the MAC Program.

____3. It is my responsibility to provide health and/or medical care insurance on my child(ren) enrolled and participating in the program.

____4. In the event of an emergency and if I cannot be contacted on any phone number which I have provided in my child's registration, then I give permission to MAC personnel to obtain whatever medical treatment they deem necessary for my child. I waive, release and hold harmless the Franklin Special School District, MAC, their employees, volunteers and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur from the decision to provide medical treatment for my child(ren) and from the choice of the provider of the medical treatment by the MAC personnel.

____5. I understand that all children enrolled in the program are expected to follow the rules established by MAC for the purpose of safety and smooth operation of the program. If a discipline problem occurs, the Site Manager will contact me. The discipline procedures that will be followed are:

1. Verbal warning by child's staff person
2. Removal from group (time out) that is developmentally age appropriate
3. Written documentation of incident along with a meeting between child and Site Manager
4. Parental notification

Suspension from the program for one to five days or termination from the program can occur if inappropriate behavior is used. Refer to Rules of Conduct on page 7-8 of parent manual.

____6. I understand that **all tuition payments must be made on Friday by 6:00 pm. If payment has not been made by Friday at 6:00 pm, a \$10.00 late charge will be applied to your account.**

____7. I will keep MAC updated of any changes in work, cell, home and emergency contact phone numbers and email addresses.

____8. I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records and standardized test scores for evaluation purposes when needed.

____9. I received a copy of the Tennessee Department of Education Summary of Child Care Approval Requirements and information regarding recognizing child abuse in my parent manual.

____10. My child will be picked up by 6:00pm. I understand that a late fee of \$15.00 will be charged until 6:15 pm, and \$1.00 per minute thereafter.

____11. I understand that if MAC suspects any parent, guardian, or other authorized caretaker to be incapacitated, either mentally, physically, or emotionally; behaving in an irrational manner due to the influence of alcohol, drugs, or other substance, MAC reserves the right to call another authorized person to pick up the child.

The completion of the child information form enrolls my child in MAC. It is my responsibility to update the information contained in this form as needed. **I have received and read the MAC Parent Manual and agree to abide by all requirements. All fee options have been explained to me and I have been given the opportunity to ask any questions that I may have regarding the MAC Program.**

Signature of Parent/Guardian: _____

Child's Name: _____ Date: _____