

# Acknowledgment

I as the parent/guardian of \_\_\_\_\_, have  
(Please print student's full legal name)

received and read the following documents at the time of my child's admission to Trinity Lutheran Preschool:

- 1) Parent's Rights (criminal record exemption)
- 2) Parent's Rights (notification Lic 995)
- 3) Personal Rights (Lic 613)
- 4) Parent Handbook
- 5) Admission Agreement:
  - a) An admission is granted on a "first come, first served" basis. As space is available they may enroll any time during the calendar year.
  - b) Each parent and child is required to visit the school before admission to determine whether the child is ready and to ensure his feeling of security. There will be a 6-week trial period upon enrollment. If the child is not adjusting to school within that time the child will be asked to stop attending and try again at a later date.
  - c) Upon reaching the limited number of students the school is licensed for, a wait list will be maintained.
  - d) Children must be enrolled in a regularly scheduled session and may attend only on the days and times for which enrolled. Exceptions to this will be made if prior arrangements are made with the director and the fee schedule is adhered to.
  - e) No child who meets all enrollment qualification will be denied admission based on sex, race, color, or national origin.
  - f) A physician's report (Lic 701) signed by a physician or physician's assistant must be on file prior to enrollment. Documentation must include current immunizations for the age of the child.



I understand the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and have a licensed medical professional physically examine the child(ren).

X

X

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Facility Representative Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_