

## Statement of Cooperation & Permission

I/We understand that attendance at The Robin's Nest is a privilege, and we pledge to agreeably abide by all the policies and procedures set forth by the school as summarized in the Parent/Student Handbook.

I/We understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process.

I/We understand that all enrollments are for the entire school year. I/We have received, reviewed, and agree to comply with The Robin's Nest current financial policies and procedures. I/We understand that The Robin's Nest offers no reduction, credit, or refund of the annual registration fee, the first tuition commitment installment, activity fee, or tuition for absences due to illness, holidays, vacations, withdrawals, or situations beyond our control.

I/We agree to cooperate with school personnel in a positive and supportive manner concerning the operation of the school ministry and the implementation of the education programs. I/We agree to apply the principles of Matthew 18: 15-17 in resolving any questions or matters of disagreement (Matthew 18 requires direct communication with persons involved as opposed to general discussions or gossip with other parents or teachers who are not directly involved in the matter).

I/We hereby authorize The Robin's Nest preschool to use photograph pictures, taken on the school premises, of my child. These photographs are authorized to be used for school purposes and posted on the classroom and school's social sites.

Yes \_\_\_\_\_ No \_\_\_\_

A blank response will be interpreted as "yes"

## My/Our signature(s) below verify that:

I/We understand and will abide by all school policies listed in the Statement of Cooperation & Permission.

I/We give permission to consult my child's physician/health resource listed above in case of emergency if parent/guardian cannot be reached.

I/We have received a copy of the "Know Your Child's Children Center" brochure and a copy of the center discipline policy.

I/We verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Signature of Custodial Parent or Legal Guardian

Date

Date