



Letter of Understanding

Child's Full Name _____

Parents: Please initial next to each statement and sign at the bottom.

_____ I understand that throughout the school year, Fitzgerald Public Schools uses photography as well as other audio/visual equipment to record various school and classroom activities which may appear in district publications and/or newspapers and Internet or air on community access cable. If I do not want my child recorded, I will fill out a Media Release Denial form available from my Center Director.

_____ I understand a permanent school record will be started for my preschool student and forwarded to his/her FPS elementary building when he/she enters kindergarten. If my child will not be attending FPS, I will provide my school district with FPS preschool contact information to request records.

_____ I understand that whenever Fitzgerald Public Schools close for inclement weather and/or building problems, preschool classes are also cancelled. These classes are not rescheduled.

_____ I understand that daily attendance and promptness are required. If my child is continuously late or absent, a meeting with the teacher and/or center supervisor will be scheduled. I agree to pick my child up on time at the end of each class. Chronic or habitual absences, tardiness or late pick-ups may result in my child being dropped from the class.

_____ I understand the center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to all parents for review during regular business hours. Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

_____ I understand that at the time of print, the staff, locations and times of classes were accurate, yet always subject to change. Cancellation of a GSRP class/program may occur if state funding is withdrawn.

_____ Parent Handbooks will be given at home visits.

_____ I understand that I must notify the classroom teacher of any allergies and she will make families aware of food allergies within a classroom space. Snack will be provided by Fitzgerald Public Schools.

Parent's Signature: _____ Date: _____ Staff Initials: _____

01.29.18

Funds Provided by TITLE I