

# Mankato Area Public Schools- Preschool

## Parent/Guardian Authorization

Child's Name: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Site: \_\_\_\_\_

By registering my child for Mankato Area Public School Preschool program and signing below I agree to the following:

1. I understand that I will be emailed a monthly invoice and that payment is due by the 1st of each month. I will be charged a late payment fee of \$15 if my account is not paid on time. I am responsible for all fees incurred during the 2020-21 school year. A two week notice is required if your child is no longer able to attend.
2. I understand that the start time of this program is no earlier than 8:00/12:00 and the end time is no later than 11:00/3:00. If my child is not picked up on time and parents/guardians and emergency contacts can not be reached, staff will call the local police department.
3. I understand that if my child is going to be absent from class I will call or email the site staff.
4. I authorize preschool staff to give and/or receive information from the agencies or individuals listed below.

This information will only be used to provide quality services for the child and his/her family. I understand that I will be contacted prior to the exchange of information. I understand that any information exchanged will be treated as private data as governed under the MN Government Data Practices Act.

**Mankato District #77 Personnel and Records including:**

Early Childhood Screening Results  
Kindergarten Teachers  
Special Education Records  
Preschool Staff Observations and Assessments

**Medical/Health Records and Reports including:**

Psychological Reports  
Immunization Records  
Prescribed Medication

**Social Services Reports/Data:**

Intake Information  
Related Agencies

5. For preschool staff to take necessary emergency measures for the care and protection of my child while under their supervision. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resources deem it necessary. It is understood that in some medical situations staff will need to contact the local emergency resources before the parent. I understand that any expenses incurred will be the responsibility of the child's family.
6. Mankato Area Public Schools Preschool program will not dispense any medications (over-the-counter or prescription) without a signed and dated Medication Consent Form. All medication must be in original packaging. Medication consent forms are available in the Early Learning Office. I understand that Preschool staff are not responsible for applying sunscreen to children. Sunscreen will need to be applied before coming to school.

**This authorization will expire one year from the date of signature.**

**You may change this authorization at any time by providing a written request that is signed and dated.**

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Parent/Guardian Signature

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Date