

**AGREEMENTS**

**Camp Fee Agreement:** Camp fees are payable at the beginning of each session ( June 1, June 28, July 26). Refunds or credits are not given for absences or vacation time, as this charge is not on an hourly basis.

Parents Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Care Release:** In the event of an emergency in which I cannot be reached, I authorize Haynsworth School to seek emergency medical treatment and provide the necessary first aid and/or hospitalization.

Parents Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Transportation Release:** Our program includes several field trips during the school year. Teachers, parents, and other school personnel will provide transportation. This release is to explain that the drivers, teachers, school, or anyone helping with this program will not be held responsible in case of an accident or injury. I give my permission for my child to participate on field trips with Haynsworth School.

Parents Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Release of Liability:** In the event of an accident, I understand that Haynsworth School does not provide accident insurance, and I will not hold Haynsworth School responsible for any injury.

Parents Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**School Policies:** I have received and read a copy of Haynsworth School's policies. I understand and agree to comply with all policies.

Parents Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Access Policy:** In accordance with the regulations of the Department of Social Services, every child enrolled at Haynsworth School must have a signed statement of the Access Policy in which Haynsworth School administers according to the following requirements: a) Parents shall have access to their child without notice unless court orders otherwise. b) This access shall not disrupt instructional activities/routines. I fully understand the above access policy of Haynsworth School and accept the policy as stated.

Parents Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I agree and understand all enrollment agreements and policies initialed on this document.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_