

Parent Statement of Understanding

1. I understand the should my child, _____ become ill or suffer an accident while he/she is in the care of an Everglades Academy staff, they will make reasonably efforts to contact me immediately. In the event the school staff is unable to reach me immediately, the school staff and//or its designated staff is authorized to seek and obtain such medical attention, treatment, and service for my child as may be medically necessary by requesting emergency medical services (911).
2. If Broward County Schools close for severe storm warnings or an emergency situation, Everglades Academy will also close. At this time, I must immediately pick up my child.
3. I have been advised that the hours of operation are Monday through Friday 7:00 AM – 6:30 PM.
4. I/We understand that the laws of the State of Florida and the regulation of Everglades Academy require all students to have on file before attending the first of classes specific records (health, immunizations, and physical) and required enrollment forms.
5. I have received a copy of the “Know your Childcare Center” brochure.

I have read and understand the policies stated above.

Parent/Legal Guardian Signature

Print Name

Child Name

Date