



## 2018-2019 SCHOOL AGREEMENT AND MEDICAL RELEASE

Child's Name

MFLC Class Choice

\_\_\_\_\_  
First Middle Initial Last

**Please read the following carefully and sign your approval below.**

- ◆ PROGRAM: My child has permission to use all of the play equipment and to participate in all school activities.
- ◆ FIELD TRIPS: My child may participate in field trips. I understand that it is the parents' responsibility for transportation to and from field trips. Field trips are viewed as a family experience at MFLC.
- ◆ PHOTOGRAPHY/SOCIAL MEDIA: I understand that any photographs of class activities by teachers/staff being considered for general school purposes (school brochure, website, etc.) will only be used with express permission of the parents/legal guardians. I am aware that I may not photograph or record children other than my own, or publicly share photos/videos, without express consent from the children's parents/guardians. I will refer to the MFLC Social Media Policy for details.
- ◆ TUITION: I understand that tuition is due on the first of each month, and there is an annual fundraising fee for each family. Checks should be payable to Mushroom Family Learning Center and dropped into the tuition box or mailed to MFLC, 1900 Cochran Road, Pittsburgh, PA 15220. There are also requirements and considerations should there be a withdrawal from school. I will refer to the MFLC Financial Contract for details.
- ◆ TERMINATION OF ENROLLMENT: I understand that the school reserves the right to terminate enrollment due to the delinquency of payment of fees, lack of cooperation with school policies, or the inability of a child or parent to adjust to the school program.

Your signature below indicates you have read and agree to the above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **MEDICAL RELEASE**

If my child (above) needs medical treatment, it is my wish that such treatment be started while efforts are being made to contact me and my child's physician. If you cannot contact me or my child's physician, you will call another physician, an ambulance or have the child taken to a hospital in the company of a staff member as may be appropriate. I accept responsibility for all costs of emergency treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date