

Dearborn Heights Montessori Center

POLICY AGREEMENT

Student's Name:

Teacher:

Please read the accompanying documents, and confirm your understanding and/or acceptance of the policies they set forth by checking the boxes below and signing where indicated.

DHMC Discipline Policy

In accordance with current licensing rules, I have received a copy of the Dearborn Heights Montessori Center Discipline Policy, and have reviewed it with my child. I have read the policy and understand and accept the conditions stated therein.

Sick Child/Health Care Policy

I have read, understand, and accept the guidelines set by DHMC.

Licensing Notebook Acknowledgement

I acknowledge that I have read the information regarding DHMC's Licensing Notebook, and understand that 1) a licensing notebook will be maintained and made available to me during business hours, and 2) that I may also receive recent licensing reports online.

COVID-19 Policies

I have read, understand, and accept the guidelines set by DHMC for the COVID-19 Preparedness and Response Plan, COVID-19 Sick Child Policy/Health Care Policy, and COVID-19 Drop Off/Pick-Up Procedures

Please sign and return to your child's teacher by September 10.

Parent Signature

Student Signature

Date