



NPNS Handbook Policy Agreement Form

I have read and understood the following policies as described in the NPNS Parent Handbook. I also agree to comply with the policies as stated. I have had the opportunity to discuss any questions or concerns with the Director.

POLICY	PARENT SIGNATURE	DATE
IMMUNIZATION/MEDICAL HEALTH FORM		
MEDICATION / EPI Pen		
DISCIPLINE		
ABUSE/NEGLECT		
FIELD TRIP PERMISSION		
CENSUS PERMISSION		
GENERAL PERMISSION		
TUITION AGREEMENT		
*PHOTO USE PERMISSION		
TWO'S TRANSITION (2'S)		

Please note:

1. Parents must sign and date each policy individually.
2. Please print Parent Name _____
3. Child's Name _____ Age Level _____

***If you do not wish to have your child photographed please make sure to deliver your Policy Agreement Form to the NPNS Director in-person.**