

FBC Monroe Weekday Education Program Parent Agreement
2025-2026

Child's Name _____

I have received a copy of the Weekday Education Family Handbook. I have read it. I understand the policies and guidelines as described in the handbook, and I agree to abide by them. I understand that FBC Monroe Weekday Education Program is not licensed and is not required to be licensed due to exempt status.

I understand the registration fee is non-refundable.

I understand the monthly payment is **due** on the 1st of each month with a late charge added after the 10th of the month. I also understand that if I become one month behind in payments, my child must be withdrawn from the Weekday Education Program or the director should be contacted. **If I need to withdraw my child, Weekday Education will need one month's written notice. I also understand that I am responsible for the monthly payments during this time.**

Parent/Guardian Signature _____

Date _____

Medical Permission

I give permission for the above-named child to be given medical treatment that may be deemed necessary in the case of an emergency.

I acknowledge that it is my responsibility as the parent to keep the Weekday Education Program advised of any changes in enrollment information including (but not limited to) phone numbers, email addresses, work locations, emergency contact, family physicians, medical information, etc.

Parent/Guardian Signature _____

Date _____

Sharing of Information

During the school year, the sharing of addresses, phone numbers and emails is sometimes needed or requested. I understand this information is for personal use only and not for any commercial mailings or contacts. A school directory will be provided when all Parent Agreements have been returned. Please understand that if you elect not to share information you may not receive communication about events or changes.

_____ I give permission to share this information.

_____ I do not want this information shared.

Parent/Guardian Signature _____

Date _____

(Over)

Text Messages

We will be using a secure website called remind.com to text parents' important school information. You may receive this information as an email, but you may also choose to receive it via text message. Your phone number will not be shared and no commercial text messages will be sent.

I understand this phone number will receive text messages and that I am responsible for all text message charges incurred.

_____ I wish to receive text messages at this number: _____

_____ I do not wish to receive text messages.

Parent/Guardian Signature _____

Date _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to First Baptist Church Monroe Weekday Education Program to use the image of my child, _____, as indicated by my selections(s) below. I release from any liability First Baptist Church, its employees and/or volunteers in relation to the taking and/or displaying of any photographs/videos. I understand that I will be given no compensation for the use of any photographs and/or videos.

Such usage includes the display, distribution, publication, transmission, or other use of photographs, images and/or video taken of my child for materials that include, but are not limited to, printed publications such as brochures and newsletters, videos, and digital images such as those on the website hosted by First Baptist Church of Monroe (fbcmonroe.com).

_____ I grant permission to use my child's image in the following ways:

(Mark one permission choice.)

_____ **Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video and digital media. I agree that these images may be used by First Baptist Monroe for a variety of purposes and that these images may be used without further notification to me. I do understand that the child's name and personal information will *not* be used in conjunction with any video or digital images.

_____ **Limited usage:** I want my child's image used only within the Weekday Education Program and/or for personal use (not in the larger community). This usage includes (but is not limited to) class projects, gifts, classroom decorations, classroom parties, etc. I understand that choosing this option could limit my child's participation in classroom and/or school wide activities/projects.

Please give details of how you do not want your child's image used:

_____ I deny permission to use my child's image at all. I understand that choosing this option could limit my child's participation in classroom and/or school wide activities/projects.

I have read, and I agree to, the terms and conditions stated above.

Parent/Guardian Signature _____

Date _____