



# WEST END ACADEMY

*pre-school*

5311 McKamey Road  
Knoxville, TN 37921  
P: 865.690.1720  
F: 865.690.5724  
Westendacademy.org

Student Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Policy Acknowledgement Version 3.9

**Read and Initial Each Statement and Sign at the Bottom.**

\_\_\_\_\_ I understand and acknowledge that I was offered a tour before enrollment.

\_\_\_\_\_ I understand that West End Academy does not discriminate against religious viewpoints, but I understand that my child will be taught Christian principles while at this school.

\_\_\_\_\_ I acknowledge that I received a copy of the TN Department of Education Regulations for Childcare Centers.

\_\_\_\_\_ I understand and agree to pay all late fees, legal costs, and court costs associated with the collection of my unpaid childcare.

\_\_\_\_\_ I understand and acknowledge that West End Academy may terminate this contract at any time.

**By signing this agreement, I acknowledge and understand all of statements and policies set forth within the Parent Handbook for West End Academy Preschool. I acknowledge that I have read the policies in their entirety. I acknowledge and agree to abide by ALL policies and agree to the mission, vision, and philosophy as stated in the Handbook. I agree to all policies and agree to adhere to all policies.**

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this agreement, I acknowledge that I have read and understand the illness policy in its entirety. I acknowledge and agree to abide by ALL policies set forth within the Illness Policy.**

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this agreement, I acknowledge that I have read and understand the Inclement Weather Policy in its entirety. I acknowledge and agree with all statements made within the Inclement Weather Policy.**

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_