



## PRESCHOOL PROGRAM Family Attendance Agreement

Child's Name: \_\_\_\_\_ Gender:  Male  Female Birthdate: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Neighborhood School: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your child has been selected to participate as a community peer in our district preschool program for the **2023-2024** school year. We recognize that children get sick and families may face situations that impact school attendance. At the same time, spaces for preschool community peers are limited, and the instructional program is most beneficial when families can commit to consistent attendance. **Therefore, community peers are required to maintain an attendance rate of 85% in order to be able to stay enrolled in the program. In order to maintain the 85% attendance rate, your child may have no more than 21 absences during the school year.**

If your child does need to be absent, please contact the school office.

*I/we consent to participate in the above agreement and understand that if I/we fail to keep this agreement, my child will not be able to continue enrollment in the preschool program.*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED/SIGNED DOCUMENT TO RANA MAHMASSANI AT [mahmassanirx@mukilteo.wednet.edu](mailto:mahmassanirx@mukilteo.wednet.edu)

