



ON MY WAY PRE-K PARENT AGREEMENT

I, _	(insert your name) parent/guardian of
	(insert child's name), have enrolled my child in an approved On My Way Pre-K
pro	ovider and will fully participate in the requirements of the Pre-K voucher program. I understand that
the	e overall goal of this program is to provide high quality preschool education to my child.
As	a recipient of this program, I understand that my family will receive the following benefits:
	Pre-k education for my child at an approved high-quality On My Way Pre-K provider. Participation in a kindergarten readiness assessment. Participation in family engagement activities provided by my selected Pre-K provider.
As	a result of receiving these benefits, I agree to the following:
	My child will regularly attend the Pre-K program. I understand that my child cannot miss more than 40 days in an enrollment year. I will participate in family engagement activities offered by my selected Pre-K program including meetings with my child's teacher to discuss my child's progress. I understand that information from my child's voucher application, excluding income, may be shared with my selected On My Way Pre-K provider. I understand that I may be financially responsible for any difference between the amount my Pre-K provider charges and the voucher reimbursement rate in the form of an overage that is paid to the provider weekly.
Ву	y my signature I attest that I understand the following:
	On My Way Pre-K is an academic program and my child's attendance is important to his/her school readiness success.
	My participation in my child's education, including participation in the On My Way Pre-K program, is an important part of my child's school success.

s I	My child will attend the Pre-K program for the dates listed on the Provider Information Form submitted during enrollment. Providing incorrect or misleading information on any of the forms required by the On My Way Pre-K voucher program, including but not limited to application documentation and attendance records,			
r	· •	ld's voucher, and repayment of any fees overpaid o		
	(Printed Name)	(Child Name)		
	(Signed Name)	(Date)		

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