

**FUMC DAY SCHOOL  
PDO CONTRACT**

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The purpose of FUMC DAY SCHOOL is to support and encourage the physical, social, emotional, spiritual, and intellectual growth of children. Our policies and procedures are found in the Parents' Handbook. To access the handbook, click [HERE](#). A printed copy is available on request. The custodial parent/guardian who signs this contract agrees to these policies.

I acknowledge that FUMC DAY SCHOOL is a non-profit organization, and that it operates strictly on the fees that are paid. Upon registering, a non-refundable enrollment fee and supply fee are due.

My child, \_\_\_\_\_, is enrolled in the (check all that apply)

M  T  W  Th  F  for the 2024-2025. I understand that tuition is due on or before the 5<sup>th</sup> of each month, and my monthly tuition will be \_\_\_\_\_. I agree to pay a late charge of \$10.00 beginning on the 6<sup>th</sup> of the month.

**Monthly tuition is as follows:**

**1 day - \$165**

**2 days - \$330**

**3 days - \$495**

**4 days - \$660**

**5 days - \$825**

**BEFORE CARE**

I understand that I will pay \$7.00 per day (8:30-9:30 a.m.) I can use before care on a drop-in basis without a reservation.

I will leave my child in the care of the assigned staff member and make sure that the staff member is aware of his/her arrival and departure.

**My child may be released to (names other than the parents):**

1. \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_(Please Initial) I understand that the Day School follows federal, state, and local guidelines for vaccinations and that I must submit my child's shot records before s/he attends school. I also agree to send updated shot records after any well-child visits during the school year. If my child is sick, I will inform the school as soon as possible, so the school may inform families whose children may have been exposed to an illness at school. The school will not release health information of individual children.

\_\_\_\_\_(Please initial) I understand that FUMC DAY SCHOOL will only administer medicine to my child with BOTH written permission from parent AND instructions from licensed health care professional.

\_\_\_\_\_(Please initial) I understand that no deduction in tuition is allowed for absence, illness, holidays, snow days or severe weather days. We follow CDC and TCPH for all health-related school closures.

At some time during the academic year, promotional videos and photos may be created for FUMC DAY SCHOOL. Video footage or photo images may be included of students from various classes and events. At no time will any child's name or age be identified. Please check one to indicate your preference:

\_\_\_\_\_  
Yes, FUMC DAY SCHOOL has my permission to use images of my child in any promotional videos and photos. I understand that my child will not be named, tagged, or identified in any video or photo.

\_\_\_\_\_  
No, I do not want any images of my child used in any promotional videos or photos created for FUMC DAY SCHOOL and request that my child be removed from group footage or photography.

I understand and approve these policies:

**PARENT NAME:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_