

**FUMC DAY SCHOOL
PRESCHOOL CONTRACT**

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 hand book click [HERE](#). A printed copy is available by request. The custodial parent/guardian who signs this contract agrees to these policies.

I acknowledge that the **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 2s 3s 4s Pre-K/Bridge program for 2023-2024. I understand that tuition is due on or before the 5th of each month, and my monthly tuition will be (check below). Further, I agree to pay a late charge of \$10.00 beginning on the 6th of the month.

Please check your choice:	Short Day (9:30-12:30) (2s and 3s only)	Long Day (9:30-2:30)
<input type="checkbox"/> Tuesday/Thursday	<input type="checkbox"/> \$230/month	<input type="checkbox"/> \$310/month
<input type="checkbox"/> Monday/Wednesday/Friday	<input type="checkbox"/> \$345/month	<input type="checkbox"/> \$470/month
<input type="checkbox"/> 5-days – Monday – Friday	<input type="checkbox"/> \$575/month	<input type="checkbox"/> \$750/month

AFTER CARE

I understand that children in the 2s and 3s classes can stay for after care or leave after lunch. My child can stay every day until 2:30 and I can include this extended care in my tuition payment. If my child will not ever stay, or will only stay occasionally, I will select the short-day tuition amount. On days when my child wishes to stay for after care I can let the office staff know in the morning before 10:00am. I will be charged the \$16/day, and I will be billed at the end of the month.

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. **If my child will use before care EVERYDAY, I understand that I can choose the discounted rate of:**

\$42 a month for T/Th, \$58 a month for MWF, \$100 a month for 5 days

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 preschool 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, enrichment, or after care is allowed for absence, illness, holidays, snow days or severe weather days. We follow CDC and TCPH for all health-related school closures.

My 4-year-old/PK child has permission to attend all field trips, if we decide to have any. I understand that transportation for these field trips shall be provided by teachers or volunteer parents and each child will be required to use a safety belt. If my child is in the 4/PK class, I will be informed well in advance for field trips. Notification of field trips will be posted 48 hours prior to trips with destination, departure, return times and special needs clearly stated. I assume full responsibility for the protection of my child to and from school, and agree that I will not hold the school, church, or any member of the staff responsible in case of accidental injury that might occur while on the premises of such school or during the hours of care.

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: _____