

# Discoveryland Preschool

## Parent Agreement

---

I am the parent or legal guardian of (name of child): \_\_\_\_\_

In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above-named child, who is enrolled in the Discoveryland Preschool, I agree to abide by the requirements and policies set forth in the *Parent Handbook*.

In return for this promise of continual fulfillment of all policies, Discoveryland agrees to provide care for the above-named child which meets the standards and guidelines as set forth below and in the *Parent Handbook*.

The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance. I understand that care will not be provided without this advance payment.

I understand that a registration fee of \$\_\_\_\_\_ is required at the time of registration.

Tuition payments will may be made by check, money order, cash, credit card or payroll deduction for Pacific Union College employees. Receipts will be given upon request. Termination of care will occur if payment is not received by due date.

If my child is not picked up at dismissal time, I will pay the required late fee.

I understand that there is no automatic reduction of fees when my child is ill or otherwise gone from Discoveryland .

I understand there is a \$35.00 returned check fee.

Two weeks notice is to be given to the Director when withdrawing a child from Discoveryland .

Parent or Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

---

### MEDICAL

I hereby give consent to Discoveryland Children's Center to call or transport my child to a physician and receive medical care should an emergency arise. I understand that a serious effort will be made to locate parents/guardians before action is taken, but if it is not possible to locate parents or the child's well-being is in immediate jeopardy, Discoveryland may obtain emergency medical care and I will be responsible for paying medical charges not covered by school and personal accident policies.

Parent or Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

### ACTIVITIES

I hereby give permission for my child to participate in all activities of the preschool including field trips, evaluations and testing by staff and college students, free speech and/or hearing screening, being photographed for preschool use for promotional and advertising purposes, and having school portraits taken. I understand that I will be notified of all off-campus field trips in advance and that children will be seat-belted individually and driven in properly insured vehicles at all times.

Parent or Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_