

FIRST UNITED METHODIST CHURCH PDO CONTRACT

FIRST UNITED METHODIST CHURCH PARENTS' DAY OUT (PDO) is to provide services in accordance with the school's regular programs, rules, procedures and policies as stated in the Policy Handbook. In return for performing these services, the custodial parent/guardian whose signature appears agrees to the policies as stated in the Policy Handbook.

I acknowledge that **FIRST UNITED METHODIST CHURCH PDO** is a non-profit organization, and that it operates strictly on the fees that are paid by families. Upon registering, a **non-refundable \$100 Registration fee is due**.

The Supply fee is based on how many days your child attends a week.

The Supply fee which is also due with registration is as follows:

1 day= \$155
2 days=\$310
3 days=\$465
4 days=\$620
5 days=\$775

My child, _____, is enrolled in the (check all that apply) M T W Th F for the 2019-2020. I understand that tuition is due on or before the 5th of each month, and my monthly tuition will be _____. **Further,** I agree to pay late charge of \$10.00 beginning on the 6th of the month.

I understand that before care (8:30-9:10 a.m.) is \$7.00 per day no matter how long my child stays. Pre-registration is not necessary for before care.

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.

This is to acknowledge that **FIRST UNITED METHODIST CHURCH PDO** has provided me with "Parent's Guide to Day Care." I will receive a copy of the Parent Policy Handbook and Requirements at Parent Orientation or Meet the Teacher parties. If I am unable to attend either of these, a copy will be provided to me at the beginning of the school year. If I do not receive a Handbook, I will notify the director.

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

1. _____ DL# _____ Phone# _____

2. _____ DL# _____ Phone# _____

3. _____ DL# _____ Phone# _____

ALL STUDENTS MUST HAVE CURRENT VACCINES IN ORDER TO ATTEND FUMC PDO. Shot records are required BEFORE school starts. Please bring new records as the are updated.

If a child has a medical condition which requires an altered schedule of vaccines or no vaccines, we will consider making an exemption. Please bring a letter from your pediatrician explaining this decision and we will take it to the board for review.

I certify that my child has been examined by a licensed physician within the past 12 months and is physically and mentally able to participate in group activities in the PDO.

I do do not give permission for my child's photograph to be used in future publications. Your child will not be identified in any video or photo.

I understand and approve these policies:

PARENT/GUARDIAN NAME: _____

(Please print)

PARENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME: _____

(Please print)

PARENT SIGNATURE: _____ DATE: _____

DIRECTOR SIGNATURE: *Paula Wagstaff* DATE: April 2019