

## FUMC DAY SCHOOL PDO CONTRACT

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The purpose of **FUMC DAY SCHOOL** 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 **FUMC DAYSCHOOL** 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 2020-2021. I understand that tuition is due  
on or before the 5<sup>th</sup> of each month, and my monthly tuition will be \_\_\_\_\_. **Further,**  
**I agree to pay late charge of \$10.00 beginning on the 6<sup>th</sup> 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 I will receive a copy of the Parent Policy Handbook and Requirements at Parent Orientation (whether virtual or in person). 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 DAY SCHOOL. 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.**

\_\_\_\_\_ (Please initial) I have read and accept the COVID-19 school policies.

\_\_\_\_\_ (Please initial) 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: June 2020