

FUMC DAY SCHOOL PDO CONTRACT

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. To access the hand book click [HERE](#). A printed copy is available by request. The custodial parent/guardian whose signature appears below, 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 Registration and Supply Fee are is due. The Registration Fee is \$100. The Supply Fee is based on how many days your child attends a week. The Supply Fee is as follows:

1 day=\$165
2 days=\$330
3 days=\$495
4 days=\$660
5 days=\$825

My child, _____, is enrolled in the (check all that apply)
M T W Th F for the 2022-2023. I understand that tuition is due
on or before the 5th of each month, and my monthly tuition will be _____. **I agree to pay a late
charge of \$10.00 beginning on the 6th 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.

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 of 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. We follow CDC Guidelines for vaccinations.

Shot records are required **BEFORE** school starts. Please bring new records as they 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 note, the MTHFR gene variation is not considered a valid reason to grant an exemption.

_____(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.**

_____(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.**

I do ___ do not ___ give permission for my child's photograph to be used in promotional videos, photos, or Social Media. Your child will not be identified in any image used.

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 2022