FUMC DAY SCHOOL PRESCHOOL CONTRACT

The purpose of FUMC DAY SCHOOL intellectual growth of children. Our pole parent/guardian whose signs this contra	icies and procedures are found in	e physical, social, emotional, spiritual and the Parents' Handbook. The custodial	
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.			
program for 2020-2021. I understand the	nat tuition is due on or before the	2's 3's 4's Pre-K/Bridge to 5 th of each month, and my monthly 10.00 beginning on the 6 th of the month.	
Please check your choice:	Short Day (9:30-12:30)	Long Day (9:30-2:30)	
Tuesday/Thursday	(2's and 3's only) \$210/month	\$290/month	
Monday/Wednesday/Friday	\$315/month	\$440/month	
5-days – Monday – Friday	\$525/month	\$700/month	
AFTER CARE I understand that children in the 2 and 3-year-old 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 \$15/day, and I will be billed at the end of the month.			
BEFORE CARE I understand that before care is available basis without a reservation. If my child discounted rate of \$42 a month for	l will use before care everyday, l	I understand that I can choose the	
I will leave my child in the care of the a his/her arrival and departure.	assigned staff member and make	sure that the staff member is aware of	
My child may be released to (names of	other than the parents):		
1	Phone #		
2	Phone #		
3	Phone #		

ALL STUDENTS MUST HAVE CURRENT VACCINES IN ORDER TO ATTEND FUMC DAY SCHOOL.

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 hoard to review

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	AC DAY SCHOOL will only administer medicine to my child AND instructions from licensed health care provider. This punter) medications.	
(Please initial) I have read and accep	t the COVID-19 School Policies.	
these field trips shall be provided by teachers of belt. If my child is in the 4/PK class I will be in will be posted 48 hours prior to trips with destinassume full responsibility for the protection of	, if we decide to have any. I understand that transportation for r volunteer parents and each child will be required to use a safety afformed well in advance for field trips. Notification of field trips nation, departure, return times and special needs clearly stated. I my child to and from school, and agree that I will not hold the onsible in case of accidental injury that might occur while on the care.	
I will receive a copy of the Parent Handbook covirtual or in person). If I do not receive a copy	ontaining our operational policies at Parent Orientation (whether of the handbook, I will notify the director.	
DAY SCHOOL. Video footage or photo image	tional videos and photos may be created for FUMC s may be included of students from various classes and events. <i>At fied</i> . It is important that a record is kept on file that you k one:	
videos and photos. I understand that my c photo.	permission to use images of my child in any promotional hild will not be named, tagged or identified in any video or hild used in any promotional videos or photos created for	
	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:	