

FUMC DAY SCHOOL PRESCHOOL CONTRACT

The purpose of **FUMC DAY SCHOOL** is to support and encourage the physical, social, emotional, spiritual and intellectual growth of children. Our policies and procedures are found in the Parents' Handbook. To access the handbook click [HERE](#). A printed copy is available by request. The custodial parent/guardian who signs this contract agrees to these policies.

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.

My child, _____, is enrolled in the 2s 3s 4s Pre-K/Bridge program for 2025-2026. I understand that tuition is due on or before the 5th of each month, and my monthly tuition will be (check below). Further, I agree to pay a late charge of \$10.00 beginning on the 6th of the month.

Please check your choice:	Short Day (9:30-12:30) (2s and 3s only)	Long Day (9:30-2:30)
Tuesday/Thursday	\$265/month	\$350/month
Monday/Wednesday/Friday	\$375/month	\$495/month
5-days – Monday – Friday	\$635/month	\$825/month

SHORT DAYS AND LONG DAYS

I understand that children in the 4s and Pre-K classes stay until 2:30. Children in the 2s and 3s classes can choose either short or long days. By checking "long day" I will be charged monthly for my child to stay until 2:30. If I choose short days, I will pick my child up by 12:30 (after lunch). If I'd like my child to occasionally stay until 2:30, I will let the school know ahead of time. I will be charged \$20/day and be billed at the end of the month.

BEFORE CARE (8:30 – 9:15 am)

I will use before care on a drop-in basis without a reservation and pay \$12/day.

I prefer to pay for before care **EVERY DAY, at the discounted rate of:**

Please Check one: \$70 a month for T/Th, \$100 a month for MWF, \$170 a month for 5 days

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.

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

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

_____ **(Please Initial)** I understand that preschool follows federal, state, and local guidelines for vaccinations and that I must submit my child's shot records before s/he attends school. I also agree to send updated shot records after any well-child visits during the school year. If my child is sick, I will inform the school as soon as possible, so the school may inform families whose children may have been exposed to an illness at school. The school will not release health information of individual children. If a vaccine-preventable disease to which children are susceptible occurs in the program, children who are not immunized will not be able to attend school.

_____ **(Please initial)** I understand that FUMC DAY SCHOOL will only administer medicine to my child with BOTH written parent permission AND instructions from a licensed health care professional.

_____ **(Please initial)** I understand that no deduction in tuition, enrichment, or after care is allowed for absence, illness, holidays, snow days or severe weather days. We follow CDC and TCPH for all health-related school closures.

_____ **(Please initial)** I understand that before withdrawing my child from the program, I must give 30 days' advanced notice in writing to the director, to allow FUMC Day School time to fill the spot. If 30 days' notice is not given, parents are responsible for one month's tuition.

_____ **(Please Initial)** My 4-year-old/PK child has permission to attend all field trips. I understand that my child will walk to the field trips and supervision will be provided by teachers and parent volunteers. If my child is in the 4/PK class, I will be informed well in advance for field trips. Notification of field trips will be posted 48 hours prior to trips with destination, departure, return times and special needs clearly stated. I assume full responsibility for the protection of my child to and from school, and agree that I will not hold the school, church, or any member of the staff responsible in case of accidental injury that might occur while at school or during the hours of care.

PHOTO PERMISSIONS:

Please check one to indicate your preference:

Yes No **Images of my child may be used on the Day School website.**

Yes No **Images of my child may be used for in-house use only (Auction Slideshow, Promotion Slideshow, etc.).**

*** At no time will any child's name or age be identified.**

I understand and approve these policies:

PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

DIRECTOR SIGNATURE: _____ **DATE:** _____