**Foundations for Learning Preschool Agreement**

**Beginning August 1, 2020**

**I the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_agree to the following: (please check all that apply).**

**\_\_ Pay $150.00 per week when the facility is open. If the facility is closed $30.00 will be deducted per day of closure.**

**\_\_ Pay $60.00 for a 2-day week. If the facility is closed $30.00 will be deducted per day of closure.**

**\_\_ Pay $90.00 for a 3- day week. If the facility is closed $30.00 will be deducted per day of closure.**

**\_\_ Pay $120.00 per 4-day week of care when the facility is open. If the facility is closed $30.00 will be deducted per day of closure.**

**\_\_After school care will be $60.00 per week when the facility is open. If the facility is closed $12.00 will be deducted per day of closure.**

**\_\_Subsidized co-pays must be made at the beginning of the week of care or as CCIS requires. A sign-in and sign-out sheet must be signed**

**daily.**

**\* All monthly tuition must be paid in full by the 25th of the month. Payment options: weekly, bi-weekly or monthly.**

**\* Drop off and pick up by designated times. I am closed BY 4:30; please make sure you are here prior to that time.**

**Drop off time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick- up time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Person to whom child is to be released**

**Name Address Phone Number**

**#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Health Assessment Forms MUST be returned by your child’s birthdate.**

**\* Notify me of birthday celebrations 1 week ahead.**

**\* Obtain a Special Care Plan or IEP if needed.**

**\*Notify me when your child is sick or missing school prior to 8:00 am; a text is fine (814-312-2098)**

**\*Complete a Medication Consent Form, ideally this will be taken care of at home.**

**\*A backpack is required with a change of clothes. Please make sure a clean set of clothes are returned the next day.**

**\* Provide a small blanket and pillow; a mat is provided.**

**\* Emergency Contact Information and the Agreement MUST be REVIEWED, dated and initialed every 6 months or if something changes.**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review: #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**