**Elm Park Preschool**

**Admission Agreement- Summer 2018**



*Summer Camp Dates (4 week sessions)*

**Session 1- June 18th - July 20th (no school July 2rd-6th)**

 **Session 2- July 23th - August 17th**

|  |  |  |  |
| --- | --- | --- | --- |
|   | T, Th(2 day program) | M,W,F(3 day program) | M,T,W,Th,F(5 day program) |
| Preschool Early care (8-9 AM) Lunch Bunch (12-2 PM)Extended Care (2-5 PM)Deposit PER SESSION |  $240/month $22/month $108/month$130/month$100 |  $300/month $32/month $162/month$194/month$100 |  $410/month $54/month $270/month $324/month$100 |

**A $100 deposit is due with admission agreement for EACH SESSION and will be applied to that session’s tuition rate.**

**Only one admission agreement is needed for both sessions.**

Current Elm Park students only need a student agreement and a deposit for enrollment. New students need an admission agreement, a deposit, and all enrollment forms for enrollment.

Refunds will not be given for student absences. Even when your child is ill, we still are reserving a spot for him/her. Therefore, we will not refund tuition for any illnesses/vacations.

Please notify the school as soon as possible if you intend on withdrawing your child from Elm Park Preschool.

Days and times of summer sessions offered will depend on enrollment. We will notify parents if any sessions are cancelled due to lack of interest.

**Elm Park Preschool
13604 Midland Road- Poway, Ca 92064
858-442-9707 /** [**www.ElmParkPreschool.com**](http://www.ElmParkPreschool.com)

 **missjen@elmparkpreschool.com**

**Elm Park Preschool- Admission Agreement- Summer 2018**

**Child Name: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle session-- Session 1 Session 2 Both**

**Days of Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition Payment Amount: \_\_\_\_\_\_\_\_\_**

Parent Agreement:

1. I give my child permission to use all inside and outside materials and play equipment that are provided by the school.

 YES NO

Please list exceptions: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand that injury reports will be sent to the parent/legal guardian when an injury occurs on school property. A copy of the injury report will be kept in the child’s file. Elm Park will not be responsible for injuries which occur to children who are not enrolled in our school. Other children (siblings, cousins, etc) are the responsibility of the accompanying adult.

 YES NO

1. I give permission for pictures to be taken of my child for school use only (in the classroom, on the Elm Park website, Facebook, and in advertising).

 YES NO

1. I understand that Elm Park Preschool does not take responsibility for any lost or stolen items.

 YES NO

1. I understand that any party may file a complaint to the licensing agency at any time if there has been a violation of state law concerning our child care facility. The department will review the complaint and the proper form of action will be taken.

 YES NO

1. I understand that Elm Park Preschool does not provide services for children with special needs. Families who have children with special needs will work cooperatively with our facility along with an outside agency that is able to provide an IEP and the necessary resources.

 YES NO

1. I understand that this admission agreement will be terminated when a child is no longer enrolled or attending Elm Park Preschool.

 YES NO

I have reviewed the enrollment packet, parent handbook (www.elmparkpreschool.com), and admission agreement. I understand my responsibilities and agree to the policies and procedures of Elm Park Preschool.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you interested in participating in lunch bunch (after care from 12 PM- 2PM) for your summer session(s)?**

 **Yes No**

**Are you interested in participating in extended care (after care from 2 PM- 5PM) for your summer session(s)?**

 **Yes No**

**For Office Use Only--Deposit Amount- $\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_Cash\_\_\_\_**

**\*\*Deposit should be $100 for 1 session or $200 for both sessions\*\***