



*Elm Park Preschool
Admission Agreement*

Financial payment schedule:

	T, Th (2 day program)	M,W,F (3 day program)	M,T,W,Th,F (5 day program)
<u>Preschool</u>	\$240/month	\$300/month	\$410/month
<u>Early care (8-9 AM)</u>	\$22/month	\$32/month	\$54/month
<u>Lunch Bunch (12-2 PM)</u>	\$108/month	\$162/month	\$270/month
<u>Extended Care (2-3 PM)</u>	\$54/month	\$81/month	\$135/month
<u>Initial Registration Fee</u>	\$100	\$100	\$100
<u>Materials Fee *once yearly</u>	\$100	\$110	\$150
<u>Diapering Fee</u>	\$50	\$80	\$100

For registration and to save a position for your child for August, please complete this admission agreement and return with a \$100 non-refundable deposit. The deposit will be applied toward the first month's tuition.

Tuition for the first month and materials fees are due by July 31st, 2018. The first day of school is August 22nd, 2018.

Tuition is paid on a monthly basis and is due the 15th day of each month. A late fee of \$20 will be due if the tuition is not paid by the 20th of the month. Please feel free to pay tuition early to help avoid late fees.

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.

For our full calendar, please visit the PUSD website until it is posted on our website.

Please like us on Facebook!!

Elm Park Preschool
13501 Community Road, Poway, Ca 92064
www.elmparkpreschool.com
858-442-9707

Student Admission Agreement

Child's Name: _____ **DOB:** _____ **Parents' Names** _____

Address: _____

Email address: _____

Best contact number for emergencies: _____

Days and Times 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: _____

2. 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

3. 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

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

YES NO

5. 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

6. 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

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

YES NO

8. I understand that I am entering a contract for 10 months. Student absences (illnesses and vacations) still require full tuition payments.

YES NO

Please give 30 days' notice if you plan to withdraw your student from Elm Park Preschool.

Student Admission Agreement page 2

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 12:00 PM- 2:00 PM)?

Yes

No

Are you interested in participating in extended care (after care from 2:00 PM- 3:00 PM)?

Yes

No

For Office Use Only--Deposit Amount- \$_____ Date _____ Check # _____ Cash_____