**PRESCHOOL CONTRACT**

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| **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child’s Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| The undersigned agrees to purchase care from Every Child is Special for the School Year \_\_\_\_\_\_\_\_\_. During the duration of the contract, space will be reserved for the child of the undersigned. Credits will not be issued for center closure due to weather conditions. The patron must understand that in the event of absences during program hours and activities, **they will be responsible for time reserved, not actual time spent at the program.** Patrons no longer requiring the Preschool Program and wishing to remove their child must notify us via email or in writing *two weeks prior to the last day.* | | | **Initials**  \_\_\_\_\_\_\_\_\_ |
| I understand that my payment will be withdrawn every Monday using our auto-pay system through the childcare manager. I am aware that payment does include two healthy snacks, lunch, and all activity supplies for my child. | | | **\_\_\_\_\_\_\_\_\_** |
|  | | | |
| I have the responsibility to call the facility if my child will not be attending the program | | | \_\_\_\_\_\_\_\_\_ |
| * **My child is fully toilet trained. YES: \_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_** | | | |
| I am aware that if my child is not signed out by 6:00 PM, a $5.00 charge will be levied for every five minutes thereafter; for example, at 6:05 PM there will be a $5.00 late charge. If, within 30 minutes, your child is not picked up and you and your emergency contacts cannot be reached, we will contact Child Care Services. | | | \_\_\_\_\_\_\_\_\_ |
| I am aware not to bring my child to the preschool program if he/she is ill, has a contagious condition, has been on antibiotics for less than 24 hours, or has diarrhea, vomiting, a fever of 101o or higher, an eye infection, rash with fever or severe itching, lice or nits, discharge from the eye or ears, colored discharge from the nose, or any other symptom that indicates illness or potentially contagious condition. A child who is brought to the program with any of these conditions or symptoms cannot be admitted. If any of these symptoms develop after a child has been admitted to the program, the parent will be called and informed of their child’s symptoms and arrangements will need to be made to pick up the child.  (For further questions please refer to our Handbook) | | | \_\_\_\_\_\_\_\_\_ |
| * **My child needs a: BOOSTER SEAT: \_\_\_\_\_ FULL HARNESS SEAT: \_\_\_\_\_ NO SEAT: \_\_\_\_\_** | | | |
| I, guardian of the below-listed registrant, a minor, agree that the registrant and I will abide by the rules of the Preschool Program. I recognize the possibility of physical injury and in consideration of Every Child is Special Preschool Program by accepting my child into the program. I hereby release, discharge and/or otherwise indemnify their employees and associate personnel (volunteers) including the owners of the facilities/equipment utilized for the program, against any claim by or on behalf of the registrant as a result of my child participating in the program and/or being transported to and from the same. | | | \_\_\_\_\_\_\_\_\_ |
| **My Child can start on**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (date) | **MONDAY TO FRIDAY 6AM – 6 PM:\_\_\_\_\_\_\_** | | |
| I (Full Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to contract care to Every Child is Special Preschool Program for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name**). *I understand the terms of the above agreement. I have read and understood the non-admittance due to illness policy.***  Signature: Date: | | | |