

Little Folks School Parent Agreement Form 2017-2018

STUDENT NAME		
Class: Circle One Below	Days: Circle one below	Hours: Circle One Below
Two's Developmental Playgroup	Monday-Friday	Preschool
Three's Preschool	Monday, Wednesday, Friday	Extended Preschool 9 a.m.-1 p.m.
Pre-K	Tuesday, Thursday	Part Time Care 9 a.m.-3 p.m.
Kinder Prep		Full Time (Over 6 hours)

Registration Fee: New Student: \$150 Returning Student: \$100	Date Paid:
Monthly Tuition: (First payment due August 15 th , 2017)	Parent Initial:

I, a parent whose child is enrolled at Little Folks School agree: (Please initial your agreement)

Financial:

1. To pay the registration fee, to cover costs of supplies and insurance for the school year. This will hold my child's spot on the roster until September 15th, 2017. I understand that the **registration is non-refundable** should plans change and my child is unable to attend. ____
2. To submit written notice 30 days in advance of withdrawal or **be responsible for a 50% withdrawal fee** (i.e. \$540 for full time)
3. To the tuition policy: ____
 - **Tuition for Morning, Extended & Part time Preschool** is charged for September-May; holidays or breaks do not reduce the rate. June will be prorated for the shortened month.
 - **Part time tuition rates** will be charged for 4-6 hours per day. After 3 months of enrollment part time students qualify for 5 days of vacation credit.
 - **Full-day tuition** will be charged for over 6 hours per day. After 3 months of enrollment full time students qualify for 10 days of vacation credit. Vacation time prior to 3 months will be prorated at 1 vacation day per month.
 - **Before & After-School** will be charged a flat monthly rate regardless of the number of hours the child is in attendance. After 3 months of enrollment Before & After School students qualify for 10 days of vacation credit.
4. To pay \$1 per minute for parents who are **late picking up their child** at their designated time. In the event of an emergency situation, you will not be charged if the center is notified in advance. This will be added to your monthly invoice. _____
5. To pay the tuition each month, whether my child is able to attend or not. ____
 - a. Payment is due prior to your child starting each month
 - b. You will receive an invoice by the 15th of each month via email.
 - c. You will receive a statement by the 15th of the following month if you have an outstanding balance.
 - d. Payment of tuition using the online link on your invoice provides the greatest accuracy (Links do not always work on phones). Payment by check is also available but if you do so we strongly suggest

writing your invoice number on the check to ensure accurate posting to your account. Payment by cash is discouraged.

- e. A \$25 late fee will be charged to any tuition not received by the 1st of the month.
- f. Childcare will be suspended if accounts are not paid by the end of the following month

Health:

- 1. To keep my child home if there are any symptoms of a communicable disease (i.e. fever, diarrhea, vomiting, colds, exhaustion) _____

- 1. I understand that the school will not give medication to my child without completion of the LFS Medication Authorization Form. _____

- 2. I give my permission for my child to use a hand sanitizer when soap and water are not available. _____

General:

- 1. To pick up my child **within the time** allotted in my tuition rate. _____

- 2. Please check one:

_____ Little Folks School has my permission to photograph my child during his/her time at school for the school's web page or school's slide presentations.

_____ I would prefer that my child's picture not be taken.

- 3. I understand that my child cannot be released to anyone without my permission. _____

- 4. I understand that I must sign my child in and out each day by signing my full legal name. _____

- 5. I give my permission for my child to attend all field trips Little Folks School may take throughout the school year. _____

- 6. I hereby authorize that all information about my child submitted to the school is true and accurate to my knowledge. _____

Consent to Medical Care and Treatment of Minor Children

I _____ (the natural parent or legal guardian) hereby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by qualified staff members at Little Folks Christian School.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signed _____ Date/Place _____

The undersigned hereby acknowledge that this agreement and the Parent Handbook have been carefully read, understood & agreed to.

Signed _____ Date _____

