St. Stephen Preschool
Admission Agreement

PLEASE READ AND INITIAL EACH STATEMENT

CHILD'S NAME_____ BIRTHDATE: _____

ATTENDANCE SCHEDULE_____

_____ I have received and read the PARENT HANDBOOK and understand that it is part of the ADMISSION AGREEMENT. I agree to abide by rules about admittance, arrivals and departures, drop-off and pick-up times, attendance, sick children, absences, finances, and every other specified regulation.

_____ I understand that my child must be fully potty-trained before starting the program.

_____ I understand St. Stephen Preschool is open from 8:00 am to 5:30 pm Monday through Friday. Preschool operates on a ten-month calendar coinciding with the St. Stephen School calendar traditionally starting in late August and ending at the beginning of June.

_____ I agree to have my child be SIGNED IN on arrival and SIGNED OUT on departure with the correct time and a full signature by an AUTHORIZED ADULT who is on my child's emergency pick-up card. Failure to do so will result in fines noted on the agreement. I understand that I am allowed to observe and visit the school at any time while my child is present.

_____ St. Stephen Preschool closes at 5:30pm. Please respect the closing time and properly plan your pick-up time to accommodate parking, gathering your child's belongings etc. I understand that if my child is still present at the Preschool after 5:30 pm, I will be charged a late penalty fee of $1.00 per minute after my contracted time.

_____ I acknowledge the days that the school is closed due to holidays, vacations, no-school days and in-service days, that monthly tuition is not prorated due to these dates.

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_____ I understand that there are no makeup days for days missed due to absence from illness, vacation, holidays etc. nor may families trade one day for another.

_____ I agree to keep my child home if I know or feel my child is not feeling well enough to participate properly in the school environment.

_____ I have reviewed and received a current tuition rate schedule and agree to abide by all rules about fees, tuition and finances. The tuition rate schedule is as follows:

Days Per Week	Days	Time	Monthly Cost	Total Cost
5 days	M-F	8:00 am to 12:00 pm	$993.00	$10,700.00
5 days	M-F	8:00 am to 3:00 pm	$1,276.00	$13,700.00
5 days	M-Th F	8:00 am to 5:30 pm Close at 5 pm	$1,507.00	17,290.00

Hourly drop in rate is $13.00 must be approved ahead of time by the director.

_____ All tuition fees can be paid monthly, bi-annually or annually. Tuition must be paid by the 15th of every month.

_____ I understand that no basic rate or policy changes will take place without at least 30 days' written notice.

_____ My monthly tuition will be automatically deducted from my bank account through FACTS payment plan on the 15th of each month. I also understand that there is a one-time charge of $45 for this service and that FACTS will deduct it from my account at the time of set-up.

_____ I understand that the school does not carry delinquent tuition accounts. Tuition is considered delinquent after the fifteenth of the month that is due. If payment is not received by the fifteenth of each month, a $25.00 late charge will be attached to that month's tuition. Families with checks returned from the bank are assessed $30.00 for processing. After the second returned check, families are required to make payment by cashier's check or money order.

_____ I understand that Application fees are non-refundable.

_____ I understand that Registration fees are considered non-refundable after intent of enrollment and payment has been made.

_____ I understand that Registration fees cannot be accepted where delinquent tuition payments exist.

_____ I agree to notify the school 30 days in advance from withdrawing my child or I will pay the tuition difference. Families withdrawing prior to the last day of the month will be charged for half of the tuition for the following month. If there is no written notice or late notice (less than 30 days), families will be charged the full tuition for the entire following month.

_____ I understand that the California State Department of Social Services, Community Care Licensing, has the authority to inspect client or facility records without prior consent and to interview clients if they deem necessary. This agency has the right to observe the physical condition of clients, including conditions which could indicate abuse, neglect or inappropriate placement. I also acknowledge my right to contact the licensing agency if fault is found in the treatment of my child or in the operation of the facility. I understand that by signing this document, I agree to all the above notations.

_____ I understand that my child could be terminated from St. Stephen Preschool without warning for the following reasons:

1. If a child does not show signs of readiness, she/he will be asked to withdraw and may re-enroll at a later date.
2. Payment is delinquent.
3. The child's behavior becomes abusive to the other children.
4. The child's behavior requires more attention than our adult/child ratio allows, thus resulting in the neglect of other children and the program.
5. The child parent's (or parents') behavior is disruptive or abusive to any staff member or child in the classroom or on St. Stephen School campus.
6. The child's parents fail to cooperate with the staff, the policies and/or procedures of the preschool.
7. Parent is habitually late in picking up the child from school.
8. Immunizations and/or required paperwork are not current.
9. Parent refuses to sign the **St. Stephen Preschool Acknowledgement Of Parent Information And School Regulations.**
10. Any other reason as defined by the Preschool Director or Administration of St. Stephen Preschool.

ACKNOWLEDGEMENT OF ADMISSIONS AGREEMENT

I understand that by signing this document, I agree to all the above notations.

Child's Name: _____

Parent/Guardian Name:_____

Parent/Guardian Signature: _____

Date:_____

Parent/Guardian Name:_____

Parent/Guardian Signature: _____

Date:_____

Director Name:_____

Director Signature: _____

Date:_____