

**FIRST UNITED METHODIST CHURCH
PRESCHOOL CONTRACT**

The purpose of **FIRST UNITED METHODIST CHURCH PRESCHOOL** is to support and encourage the physical, social, emotional, spiritual and intellectual growth of children. Our policies and procedures are found in the Parents' Handbook. The custodial parent/guardian whose signs this contract agrees to these policies.

I acknowledge that the **FIRST UNITED METHODIST CHURCH PRESCHOOL** is a non-profit organization, and that it operates strictly on the fees that are paid. Upon registering, a non-refundable enrollment fee and supply fee are due.

My child, _____, is enrolled in the 2's 3's 4's Pre-K/Bridge program for 2019-2020. I understand that tuition is due on or before the 5th of each month, and my monthly tuition will be (check below). Further, I agree to pay a late charge of \$10.00 beginning on the 6th of the month.

Please check your choice:	Short Day (9:30-12:30) (2's and 3's only)	Long Day (9:30-2:30)
Tuesday/Thursday	\$210/month	\$290/month
Monday/Wednesday/Friday	\$315/month	\$440/month
5-days – Monday – Friday	\$525/month	\$700/month

AFTER CARE

I understand that children in the 2 and 3-year-old classes can stay for after care or leave after lunch. My child can stay every day until 2:30 and I can include this extended care in my tuition payment. If my child will not ever stay, or will only stay occasionally, I will select the short-day tuition amount. On days when my child wishes to stay for after care I can let the office staff know in the morning before 10:00am. I will be charged the \$15/day, and I will be billed at the end of the month.

BEFORE CARE

I understand that before care is available for \$7.00 per day (8:30-9:30 a.m.) I can use before care on a drop-in basis without a reservation. If my child will use before care everyday, I understand that I can choose the discounted rate of \$42 a month for T/Th, \$58 a month for MWF, or \$100 a month 5 days a week.

I will leave my child in the care of the assigned staff member and make sure that the staff member is aware of his/her arrival and departure.

My child may be released to (names other than the parents):

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____

ALL STUDENTS MUST HAVE CURRENT VACCINES IN ORDER TO ATTEND FUMC PRESCHOOL.

If a child has a medical condition which requires an altered schedule of vaccines or no vaccines, we will consider making an exemption. Please bring a letter from your pediatrician explaining this decision and we will take it to the board to review.

_____ (please initial) I understand that FUMC will only administer medicine to my child with BOTH written permission from parent AND instructions from licensed health care provider. This applies to prescription and OTC (over the counter) medications.

My child has permission to attend all field trips. I understand that transportation for these field trips shall be provided by teachers or volunteer parents and each child will be required to use a safety belt. If my child is in the 4/PK class I will be informed well in advance for field trips. Notification of field trips will be posted 48 hours prior to trips with destination, departure, return times and special needs clearly stated. I assume full responsibility for the protection of my child to and from school, and agree that I will not hold the school, church, or any member of the staff responsible in case of accidental injury that might occur while on the premises of such school or during the hours of care.

I will receive a copy of the Parent Handbook at Parent Orientation or Meet the Teacher parties. If I am unable to attend either of these, a copy will be provided to me at the beginning of the school year. If I do not receive a Handbook, I will notify the director.

At some time during the academic year, promotional videos and photos may be created for FUMC Preschool/PDO. Video footage or photo images may be included of students from various classes and events. *At no time will any child's name or age be identified.* It is important that a record is kept on file that you have/have not granted permission. Please check one:

Yes, FUMC has my permission to use images of my child in any promotional videos and photos created for FUMC. I understand that my child will not be named, tagged or identified in any video or photo.

No, I do not want any images of my child used in any promotional videos or photos created for FUMC and request that my child be removed from group footage or photography.

I understand and approve these policies:

PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____

DIRECTOR SIGNATURE: _____ **DATE:** _____