

Primary Prep Academy Policies and Procedures

I understand that I am responsible for an annual registration fee of \$125.00 per family. This fee is to be paid every September 1st and is non-refundable.

I agree to pay the total weekly fee of \$_____ for _____ on Friday for the upcoming week. This weekly fee includes a discount of \$_____.

If tuition payment is not made before the close of Tuesday I understand that my account will be charged a late fee of \$35.00 per week until the account is current.

I understand that any returned check will be charged a \$35.00 NSF.

I understand that I must give a two week notice in writing to terminate services.

I understand that I am responsible for my weekly tuition stated above regardless weather my child attends for the week or not. After a year and every year after I understand I will be awarded 1 week vacation to use at my discretion within the year.

I understand that Primary Prep Academy's operation hours are 6:30 a.m. – 6:30 p.m. If I have not picked up my child by 6:30, I will be charge \$10.00 for the 1st 15 minutes and then a \$1 per minute until 7:00 p.m., at which point Primary Prep Academy will then notify the Department of Family and Children Services as well as the police to take custody of your child.

I agree to provide the center with the original container and all necessary information pertaining to any medications, including inhalers and breathing treatments that should be administered to my child. Necessary information includes a prescription number if prescribed by a doctor, time medication is to be given, and dosage. I also understand that medication forms are only current for 2 weeks.

I understand that it is my responsibility to escort my child into and out of my child's assigned classroom. I also understand that I must sign my child in and out daily at the front desk.

If my child wears diapers I understand I will provide whatever disposable diapers and wipes necessary for my child.

Transportation is only provided for planned field trips with parental permission.

If my child becomes ill while at the center, I understand I must make arrangements for my child to be picked-up with in 45 minutes after receiving notice. I also understand my child will be expected to stay home for 24 hours symptom free.

I understand that it is my responsibility to keep Primary Prep Academy advised on changes of home and work addresses and phone numbers, cell phone or pager numbers, or emergency contacts.

I agree to abide by all policies and procedures of Primary Prep Academy as outlined in this agreement. I understand that I will be asked to re-sign a new agreement each time my child's tuition changes.

Parent Signature: _____ Date: _____

Owner/Director Signature: _____ Date: _____