



License #434408891

First Discoveries Christian Preschool

Developing attitudes for success![™]

AGREEMENT *Child's Name _____*

The purpose of this agreement is to nurture mutual accountability between the parents and the school. Many of these policies are listed in detail in our Handbook for Parents. Please read each item carefully, and sign to indicate your understanding and agreement. FDCP may replace First Discoveries Christian Preschool in this agreement.

Please email requesting a paper copy if you don't have access to a printer, we're happy to help!

- ~ First Discoveries Christian Preschool, is a hands-on Preschool for children ages 2.5 to 6 years old.
- ~ Our program blends Bible based Christian principles, developmentally appropriate academics, phonics, hands on activities and exploration, physical movement, nutrition education, social and emotional skills and character development. As a Christian school, we pray daily that the Lord will show us and guide us as we nurture our students. We offer a Bilingual morning program for preschoolers and a Spanish Immersion program 3-6 pm for children 2.5 to 1st grade.
- ~ **A Trial day is required for children under 2.5 years old.** A recommendation is provided within a week.
- ~ FDCP enrolls for one school year at a time. Returning students and their siblings have priority, and registration is on a first come-first served basis.
- ~ Calendar is subject to change. **Parents are notified by email and are responsible for alternate arrangements for scheduled holidays, minimum and teacher-in-service days or breaks.**
- ~ **Absences: We do not offer discounts or make up days for missed days.** Scheduled closed days are already factored into the annual tuition so there are no discounts or make up days for holidays or breaks.
- ~ Child Care may be available when 5 children sign up during Winter and Easter break. **By signing below, you agree that cancellations for Child Care must be received by the cut off date to avoid paying; or parents will be financially responsible to pay the child care cost even if the child doesn't attend.**
- ~ **Registration Fees are non refundable** and applicable to one summer camp season/school year only.
- ~ Tuition Fees: cover the basic services offered at FDCP and are listed on our Handbook for Parents.
- ~ To increase program, the deposit difference is due at time of the change.
- ~ Parents will be given a 30-day notice if any fee increase is instituted.
- ~ Breakfast option is served from 8:30 to 8:45 am. Fees are listed on our Handbook for Parents.
- ~ Exemplary PreKindergarten Program: Includes 3 workbooks, handouts, class skills, activities. Teacher evaluates readiness in September. Fee listed on our Handbook for Parents.
- ~ Graduation: Cap/Gown ceremony and family reception in June. Fee listed on our Handbook for Parents.
- ~ **Early Drop off or Late Pick up automatically enrolls students in Extended Care, and our Kiosk keeps track of Extended Care and Additional days. Parents approve fees on the Kiosk. Parents agree to bring payment within a week and authorize FDCP to schedule the cost in your FACTS agreement.** Certain Emergencies are an exception, and the school may consider a request to waive the late fee by email within 48 hours listing the special circumstances that caused the late pick up.
- ~ Parents accept that when their child is at school beyond their program FDCP will extend their care and Parents are responsible to pay for Extended Care fees listed on our Handbook for Parents; and anyone allowed to pick up their child may accept extended care fees if they drop off early or pick up late.
- ~ Payment Methods: **One annual payment** may be made payable by check to FDCP. Alternatively, a **Monthly Payment Plan** is available as an automatic draft on the 5th each month with FACTS Management Co. **Parents agree to pay FACTS own enrollment fee for the service they provide, and accept convenience fees associated with credit or debit card option, if chosen.**
- ~ Late/Missed Payment: FACTS will assess a \$35 Returned Payment fee and a \$25 late fee for each payment returned by your bank unless there is a written agreement with the director before tuition is due.
- ~ Returned Checks: \$50.00 fee each returned check. After 2 returned checks, only cash will be accepted.
- ~ Payment Attempt Returned to FACTS, payment must be made within 5 calendar days of the due date.
- ~ FDCP reserves the right to deny attendance to students whose accounts have overdue balances.
- ~ If the school decides to seek collection of any past due amount, parents agree to pay, to the extent permitted by law, FDCP's expenses of enforcement and collection of the tuition, fees and related expenses, including, without limitation, attorney's fees and costs.

~ **Early Withdrawal / Refund Policy: Summer Camps can only be cancelled before May 1st. Your Early Withdrawal Request form allows us to cancel your FACTS payment plan starting with the first scheduled payment after 3 weeks from your notice to apply your deposit to that month; or to refund you, if you paid in full, starting with the first full month after 30 days from your notice. By signing this agreement, parents accept that there are NO EXCEPTIONS and VERBAL NOTICES ARE INSUFFICIENT. Parents agree to follow the Early Withdrawal Request process if needed.**

~ **DEPOSIT IS NOT REFUNDABLE and only applicable to the LAST MONTH CONTRACTED**

~ **Priority & Family Enrollment Discounts are only active while your child completes the program** they enroll in. Early withdrawal will render the discount inactive and the amount discounted is due in the form of an Early Cancellation Fee. Without discounts, there is no fee to withdraw early.

- ~ If your written notice is received late you have 3 options: 1) Delay your child's last day and apply the deposit to the following month. 2) Withdraw your child and release your claim to the deposit. No refunds. 3) Request a partial credit at the same time you submit your late written notice if you feel you have special circumstances that prevented you from submitting your notice in time. Your request must include the reason your written notice is late and why you feel you should receive an exception given that the school has already incurred costs when a late notice is sent. We will review your request and determine if it qualifies for an exemption that is fair to other families who have turned their notice in time. We will notify you if you qualify and how much you qualify to receive in a few days. We secure our staff a month in advance; **no refunds will be given if your notice is received less than 7 days before their last month starts.**
- ~ Your child will continue to be enrolled and your tuition will continue to be withdrawn from your account until written notice is received. If you need help complying with this requirement contact the Director by email and request an appointment.
- ~ To change programs, the deposit difference is due at time of the change to reflect the new program.
- ~ **Parents sign in agreement** to the financial contractual terms stated here & promise to pay accordingly.

- ~ Vacation Credit: Is not cumulative and starts over every July; and days must be taken in the same week. Students may request a 25% tuition credit after being enrolled for 6 months. **Vacation Credit Request form should be submitted at least 2 weeks before it starts on Parents page (www.fdc.org)**
- ~ **Car seats, backpack or large bags are NOT storable at FDCP.** Exceptions made in an emergency.
- ~ Parents agree to inform FDCP in writing if their child is not to be photographed or videotaped.
- ~ Proof of payment for tax purposes from FACTS are reflected in your bank statements and in FACTS online account information. Please request school tuition statements and allow a week for processing.
- ~ In the event that your child needs special accommodations to independently participate in our program, parents agree that before reasonable accommodations can be considered or the child is permitted to attend our school, an Accommodation Evaluation must be requested by appointment. A Plan of Management and/or a Plan of Action must be presented signed by their pediatrician. Parents are responsible for providing all appropriate equipment, training (for staff and their child), and special food (**must be cleared as peanut and tree nut free**), if applicable. For safety, attendance may be denied if the school cannot provide reasonable accommodations. See Parent Handbook for more details and options available.
- ~ Parents accept that **all students must participate independently during group activities to attend, including nap time and toilet training; and be willing to stay with the group and teachers.** Constant one-on-one supervision for one student is not available at FDCP.
- ~ If at any time we feel that our school cannot meet the needs of a child or family; if it's safe, there will be a 2 week notice to the family to find a new facility that may be more suitable to their needs or wants.
- ~ If a child requires accommodations that were not requested on their application, for safety, attendance will immediately cease to allow for an Accommodations Evaluation. Parents are responsible for alternate care and to follow the process the school has in place for Evaluating Accommodation requests.
- ~ Parents agree to cooperate with teachers and support the school in it's efforts to help a child learn to modify any behavior that is considered by the director as aggressive, constantly disruptive or unsafe. They shall partner in a plan of action mutually agreed upon by parents and teachers for 2-4 weeks. If no plan or time frame can be agreed upon, or reasonable efforts do not significantly reduce the undesirable behavior, the child will be withdrawn immediately.
- ~ Purposely omitting or minimizing any student needs, that impact health or safety, at time of enrollment will cause their enrollment to become invalid and the child will be withdrawn immediately.
- ~ We reserve the right to decline continued enrollment to a child at any time for any reason not prohibited by law, if in the sole judgment of FDCP such student's parents or guardians are uncooperative, dishonest, abusive to the staff, or who in our sole opinion will not be satisfied with the school's best efforts.
- ~ Our school is licensed and regulated by the California Department of Social Services, and we are allowed to provide non-medical care and supervision to our students under California Law. Under our license and the applicable regulations we can only provide services for children we are qualified and capable of caring for. We are committed to explore all options presented to us and make an individualized assessment about whether we can meet student's individual needs, and determine if we can provide reasonable accommodations. We shall accept students provided their presence does not pose a direct threat to the health or safety of others or require a fundamental alteration of our program.
- ~ Parents shall provide medical insurance for their children.
- ~ We nurture a healthy and honest relationship with all our families. All school policies are clearly explained in our Handbook for Parents before enrolling to avoid unpleasant surprises. **By signing below you confirm that you've reviewed and agree to honor them. You also agree that, in fairness, the school can make no exceptions to school policies.**
- ~ Parents understand that, by law, the Licensing Department of Social Services has the authority to interview children or staff and to inspect and audit child or child care records without prior consent. The licensed shall make provisions for private interviews with any child or staff member and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the child including conditions that could indicate abuse, neglect or inappropriate placement.
- ~ By signing below, you confirm to have reviewed the Caregiver Background Check Process [LIC 995E].
- ~ Parents understand and agree that this agreement shall not be modified except by a new written agreement between the parties. An email between parents with a new agreement shall be a valid amendment to this agreement. When each parent or guardian signs below, they will be jointly and severally responsible for the obligations contained herein. This agreement shall be deemed to have been entered into in the State of California as a contract; its validity, effect and operation shall be determined in accordance with the provisions of California law. FDCP enters in this contract in good faith, based on currently agreed school policies. By signing below you enter into this contract with First Discoveries Christian Preschool.

Father's Name: _____

Signature

Date

Mother's Name: _____

Signature

Date

Please bring this agreement signed to your appointment.



AGREEMENTS *Child's Name _____*

At First Discoveries Christian Preschool the health and safety of your little one is our top priority. Our dedicated staff puts all their efforts every day to ensure our facility and program is safe and healthy for your little one. We also aim to have added staff so that our teacher/student ratio is low for the best quality care. Young children are curious and unpredictable, so even with the highest standards, accidents can still happen. Please sign the consent and release below to enroll.

CONSENT AGREEMENT

The undersigned, parent/legal guardian of _____ ("Minor") on behalf of ("Minor") and in consideration of participation in "FIRST DISCOVERIES CHRISTIAN PRESCHOOL", understand that:

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that I will receive written notice prior to any field trip. Note: The only trip outside of the school planned is 2 days prior to graduation.

I hereby grant permission for my child to be included in evaluations and assessment connected with the school program.

I hereby grant permission for photographs of my child or myself to be used in educational publications and advertising.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact you through any of the persons listed on the emergency information form you completed for us, even the child's physician
3. If we cannot reach either parent or guardian we will call 911, follow EMS instructions and if necessary have your child taken to an emergency hospital. If 911 is called and EMS arrives, they will not release the child until parent arrives to discuss your child's health.

Any expenses incurred under #3, above, will be borne by the child's family.

Please keep your contact information current. The school is not responsible for anything that may happen as a result of incorrect information given upon enrollment or any information that was not updated with our office by email.

The school will not assume responsibility for a child who is not signed in when he/she has arrived for the day.

LIABILITY RELEASE & ASSUMPTION OF RISK AGREEMENT

The undersigned, parent/legal guardian of _____ ("Minor") on behalf of ("Minor") and in consideration of participation in "FIRST DISCOVERIES CHRISTIAN PRESCHOOL", agrees to:

1. Indemnify and hold FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, harmless and release them from any and all liability for any injury which may be suffered arising out of, or in any way connected with participation in these classes.
2. Prior to participating in the classes, I will inspect the facilities, equipment and areas to be used and, if I believe any of them are unsafe, I will immediately advise the person supervising the area.
3. Assume any risks of personal injuries, including medical or hospital bills, permanent or partial disability, and damage to property, caused by or arising from Minor's participation in this activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against, FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, attributable to Minor's participation in the classes.
5. Release, waive, discharge and relinquish FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to Minor's participation in the classes, whether the same shall arise by their negligence or otherwise.
6. I authorize FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, or other representative of FIRST DISCOVERIES CHRISTIAN PRESCHOOL to use his (her) judgment in obtaining immediate Medical Care for Minor. These persons have my permission to take my son/daughter to the hospital or dentist for the treatment of injury. (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this makes immediate treatment possible.)

I agree to assign all expenses to my own medical insurance first in the event of any injury sustained by Minor requiring medical attention while participating in FIRST DISCOVERIES CHRISTIAN PRESCHOOL.

7. I acknowledge that FIRST DISCOVERIES CHRISTIAN PRESCHOOL provides Preschool and Spanish Immersion Program and that this program is a licensed childcare program by the State of California in accordance with Department of Social Services Community Care Licensing. FIRST DISCOVERIES CHRISTIAN PRESCHOOL'S license number is 434408891.

THIS DOCUMENT RELIEVES FIRST DISCOVERIES CHRISTIAN PRESCHOOL, ITS AGENTS AND EMPLOYEES, AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTOOD THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Parent/Legal Guardian's Name: _____ *By signing you agree to both sections in this page.*

Parent/Legal Guardian's Signature: _____ Date: _____

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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