



# COMMUNITY PRESCHOOL

Please read and initial all points below

Child's Name: \_\_\_\_\_ Parent's Name:(print) \_\_\_\_\_

## **1.HANDBOOK POLICY AGREEMENT:**

I know where to find the Community Preschool Parent Handbook (online or in the office) and agree to abide by the policies and procedures (late fees, potty training, birthday, drills, etc.) therein. Initial: \_\_\_\_\_

## **2.INFORMATION TO PARENTS:**

I have been told where to find the Information to Parents Document, the Policy on the Release of Children, the Positive Guidance and Discipline Policy, the Policy on Methods of Parental Notification, the Policy on Communicable Disease Management, the Expulsion Policy, and the Policy on the Use of Technology and Social Media as required by the New Jersey Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. (in the parent handbook) Initial: \_\_\_\_\_

## **3.PERMISSION FOR WALKING TRIPS:**

My child has permission to participate in walking trips planned by the classroom teacher during school hours. These local trips will be and around the block. Initial: \_\_\_\_\_

## **4.PERMISSION FOR WALKING FIELD TRIPS:**

My child has permission to participate in impromptu field trips planned by the classroom teacher during school hours. These local field trips will be done at a time that will be determined by the teacher and I understand that I will be notified the day of the trip to the library, post office, or the Casano Center. Initial: \_\_\_\_\_

## **5.BICYCLE HELMETS:**

Since the children will be riding tricycles on a regular basis during class time we strongly suggest the use of helmets. If you would like your child to wear a helmet, it is your responsibility to bring a properly fitted and labeled helmet for your child. I understand the helmet policy and agree to abide by these conditions. Initial: \_\_\_\_\_

## **6.PERMISSION FOR EMERGENCY MEDICAL TREATMENT:**

I give permission for my child to receive emergency medical treatment as deemed appropriate by the Preschool Staff if the need should arise while he/she is at Community Preschool or attending a Community Preschool event. Initial: \_\_\_\_\_

## **7.NUT-FREE SCHOOL:**

I understand that the school is peanut-free and tree nut-free and that I cannot send my child to school with anything containing peanuts and/or tree nuts for the safety of all students and staff. I will abide by these conditions. Initial: \_\_\_\_\_

**8.PARTICIPATION RELEASE FORM:**

Community Preschool or local papers may use images of students who are involved in our program. Your child's images may be used as part of their participation in various school activities. Some ways the pictures may be used, but not limited to are: for teaching purposes, website images, newspaper articles, marketing, CPS' website and facebook page and/or public information.

CHOOSE ONLY ONE: \_\_\_\_\_ I allow my child's image and name to be used by the school.  
\_\_\_\_\_ I DO NOT ALLOW my child's image or name to be used.

**9.PERMISSION TO SHARE CONTACT INFORMATION:**

I give permission to share the following information with other parents (for birthday, playdate, volunteer):  
\_\_\_\_\_ my email address      \_\_\_\_\_ my cell. number      \_\_\_\_\_ my home address

**10.FINANCIAL AGREEMENT:**

Community Preschool's tuition is calculated for the school year and is then divided into 10 equal monthly payments for your convenience. Installment payments are due the 1st day of the month of service. A \$20 late fee will be applied to your account if payment is received after the 5th day of the month of service and a \$40 late fee will be applied to your account if payment is received after the 15th day of the month of service (whether the day falls on a weekend or holiday. Please plan accordingly.) **If payment is not received by the 20<sup>th</sup> day of the current month of service, your child may not attend until your account is once again in good standing.**

A fee of \$30 will be applied to your account for each returned check for insufficient funds.

The administration fee and security deposit are nonrefundable. Tuition is also nonrefundable for any reason including unforeseen school closure, and may not be transferred to another month or child.

I understand my financial obligations and will abide by the above rules. Initial: \_\_\_\_\_

**11.FLU VACCINE:**

N.J.A.C. 8:57-4.19: Flu vaccine is a requirement for child care/preschool attendance for those who are 6 through 59 months of age. At least one dose of **flu vaccine is due by December 31 of each year.** Children who do not have documentation of receiving the flu vaccine or don't have a valid medical or religious exemption by December 31 will need to be excluded from school until the end of flu season, which is up until March 31 in NJ. Such students may return to school sooner than March 31 if they...

- Submit documentation of receiving the flu vaccine or submit a religious/medical exemption
- They aged out of the requirement: 60 months or older

I understand the flu vaccine requirement and will abide by it. Initial: \_\_\_\_\_

**12.Safer Practices and Sick Child Policy Amendment – COVID-19:**

I have read the "Safer Practices and Sick Child Policy Amendment-Covid 19" document, agreed to follow the required procedure and signed/dated the document. I understand that this is not only for my child's and family's safety but for all attending and working at/for Community Preschool as well.

Initial: \_\_\_\_\_

I have read and initialed both sides of this page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_