



Parent Agreement

Child(ren's)Name: _____ DOB: _____ Date: _____

Mother/Guardian Name: _____ Birthdate: _____

Home address: _____, City, State, Zip: _____

Cell: _____ Home: _____ Work: _____ Marital Status: _____

Social Security#: _____ Email: _____

Father/Guardian Name: _____ Birthdate: _____

Home address: _____, City, State, Zip: _____

Cell: _____ Home: _____ Work: _____ Marital Status: _____

Social Security#: _____ Email: _____

1. **INJURY/ACCIDENTS:** I understand and acknowledge that illness and accidents do occur, even despite the best efforts of parents, guardians, and teachers. For instance, a child may be ill without anyone knowing, and such illness could cause more severe problems, for the child or other children in contact with such child while at our center or in your care. As stated in the Parent Handbook, our school employs all best efforts to promote a safe and healthy environment, and in order for the school to do so, each parent must cooperate and fully inform the school of all instances of illness, accident or other ailment of your child.

_____ Initial

2. **MEDIA RELEASE:** Occasionally pictures of your child may be in various forms such as bulletin boards, crafts, website, and promotional material.

_____ Initial

3. **WIPE USE PERMISSION:** I grant permission to Sahuaro Preschool staff to use wipes when needed on face and hands.

_____ Initial

4. **SCHOOL BEHAVIOR:** I understand Sahuaro Preschool reserves the right to de-enroll a student at any time. If child or parent have failed to follow school policies.

_____ Initial

5. **DAILY SIGN-IN/OUT:** I understand that I must walk my child to class as a safety measure for my child(ren), I will sign in and out with my legal signature and exact time, on a daily basis. (This is required by Arizona Dept of Health Childcare Licensing Bureau)

_____ Initial

6. **HOLIDAYS:** I understand that Sahuaro Preschool is closed for the following holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day & Friday, Christmas Eve, Christmas Day. These are paid holidays, your weekly tuition is due.

*Days are subject to change. & If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ Initial

7. **DROP IN CARE:** I understand that minimum enrollment is three days per week and anything less will be considered "Drop In" care. I understand my child's place is not guaranteed and I must call before drop off to ensure there is availability. I understand Drop In charges will apply and tuition is due at time of drop off or will late fee will be applied.

_____ Initial

8. **DROP OFF TIME:** I understand that drop off may not be later than 9:30am unless it has been okayed by director, otherwise my child may not attend school for the day or may return after 2:00pm.
 _____ Initial
9. **STUDENT FILES:** I understand that my child's file is school property and will not be released to me as a parent/guardian.
 _____ Initial
10. **ENROLLMENT CHANGES/ VACATION POLICY:** I understand in case of any enrollment changes, de-enrollment or planned absences or vacation, I must give a 3 week written notice of my child's absence in order to waive my tuition obligation. Otherwise weekly tuition will still be due and payable. Only 3 nonconsecutive weeks per year.
 _____ Initial
11. **HANDBOOK:** Please read the Parent Handbook that was given.
 I acknowledge I have received the Parent Handbook and I have agreed to the school and payment policies outlined.
 _____ Initial
12. **REGISTRATION/TUITION:** -I understand yearly, non-refundable registration fee of \$50 per child due upon enrollment.
 - I understand there is a 10 hour daily limit. If my child is at school over the 10 hours there will be a late fee of \$5 per 10 minutes. In addition, if my child is not picked up by 6:00pm there will be a late pick up fee of \$1 per minute.
 -I understand that tuition is due on Friday by via Tuition Express processing, in advance for the upcoming week. No refunds or credits will be given for absent days (including sick days). If I fail to do so, I agree to pay a \$5 per day late fee (starting Saturday until paid off).
 -If I am a drop in customer, I agree to pay my account at the beginning of each day that my child attends school. I understand there will be a late fee. I also understand that I will not be able to drop off my child again until these charges are paid.
 -I understand that if my check is returned, a \$35 fee will be added to my account and I will be submit the payment with a credit or debit card. If more than 2 checks are returned, I will be required to make my payments in cash or money order and a \$5 processing fee will apply each transaction.
 -I agree that if I fail to pay any sum due and this matter is placed with a collection agency, I shall be obligated and agree to pay all costs and expenses incurred. (Including any percentage of the debt that is retained by the collection agency.) _____ Initial

A non-refundable registration fee of \$50.00 will hold a space for the child(ren).
 After 2 weeks of nonattendance and nonpayment, child will be dis enrolled.

Schedule: Child care will be provided (circle all that apply):
 Monday Tuesday Wednesday Thursday Friday

The hours of care will be from _____ to _____.

Tuition Fees: Child's Name: _____ Weekly Tuition Amount: _____

Signature of Parent/Guardian

Date