



## Children of Hope Child Development Center 2021-2022 Parent Participation Agreement

Please read and initial the following statements. If you have questions, please do not initial any item until you have had your question answered by the CoH staff and understand it completely.

\_\_\_\_\_ I understand that all programs are based on meeting minimum enrollment requirements.

\_\_\_\_\_ I understand that registration fees and tuition are based on an annual rate and cannot be pro-rated or refunded under any circumstance (illness, vacation, holidays, etc.)

\_\_\_\_\_ I understand that tuition is due by the 10th of each month, August – May. Tuition is considered late if received after the 10th and can be assessed a \$15 late fee at that time. Auto pay can be set up through your bank. Returned check fees will be the responsibility of the payor. We also accept debit or credit payment through Square with an additional fee.

\_\_\_\_\_ I understand that registration is for the entire school year. In the event I need to withdraw my child, I will give the preschool a 30-day written notice. If I fail to comply with this requirement, I will be charged one month's tuition to cover any monetary loss incurred by the preschool.

\_\_\_\_\_ I understand that I must maintain updated medical information annually and be current on all immunizations required by the Department of Health.

\_\_\_\_\_ I understand that my child's Lead Teacher will contact me prior to school starting (mid-late July) to schedule a Home Visit. This visit allows the teacher to (re) introduce herself with the student in the student's comfortable home setting prior to the first day of school.

\_\_\_\_\_ I understand that children too sick to participate in the full program (indoor and outdoor) must be kept home. I understand my child may return to school when fever and vomit free for 24 hours. Parents are to notify the preschool office of any absences and any contagious disease/illness (480-759-1515 Ext. 4).

\_\_\_\_\_ **I understand the importance of reading all information provided to me by CoH staff in a timely fashion including posts and messages on Bloomz (Free Communication App), Family Handbook, emails, notes, newsletters, flyers, and Parent Orientation Packet.**

\_\_\_\_\_ I agree to attend Parent/Teacher Conference(s).

\_\_\_\_\_ I understand that my child will be released ONLY to those individuals whose names are listed on the DHS health form. Release to anyone other than those listed on the DHS health form will require arrangements with the Director.

\_\_\_\_\_ I understand that my child will be released from the program if he/she cannot benefit from the program or presents a danger to self or others as determined by teacher(s) and Director.

\_\_\_\_\_ I understand that monies raised from fundraisers/events throughout the year help supplement and support programs at the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_