



Children of Hope Child Development Center 2018-2019 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 on the 1st of each month, August – May. Tuition is late if received after the 10th. Auto pay can be set up through your bank. I understand that I can be assessed a \$15 late fee for payments received or postmarked after the due date and a \$15 late fee for NSF checks.

_____ I understand that registration is for the entire school year. In the event that 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 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 my 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 _____