

PARENTS ADMISSIONS AGREEMENT

Please read and initial the following items:

_____ I/We agree to read the Preschool handbook and support the school in enforcing its policies and rules.

_____ I/We give permission for my child's picture to be used in any or all publications for Cornerstone Christian Preschool.

_____ I/We understand that it is my responsibility to know that my child is well before bringing him/her to the preschool. Cornerstone Christian Preschool has no provision for the care of my child when he/she is ill. I understand in the event of sudden illness during school hours, temporary care and facilities will be provided. If i/we cannot be reached, the school will contact the person(s) indicated on the enrollment form to pick up my child. I/we understand that exposure of my child or other family members to communicable and infectious diseases or illnesses will be reported promptly to the preschool, enabling the staff to be watchful for early symptoms in other children, i.e., chicken pox, lice, etc.

_____ I/We understand that my child will need a complete changes of clothes (appropriate for the current season), which are labeled, to be kept at school. I/We are to provide diapers/pull-ups and wipes for my child if needed.

_____ I/We understand that my child will need a sheet, pillow case and small blanket with his/her name on each item for naptime. I/we also understand that this nap bedding must be brought to school freshly laundered at the beginning of each week or when needed.

_____ I/We understand that the school is not responsible for any lost clothing or toys.

_____ I/We understand that the State of California mandates that I, the parent, or whoever I release the responsibility, of bringing or picking up my child, **must sign in and out each day using fully legal first and last name.**

_____ I/We understand the financial policies and agree to follow them.

_____ I/We understand that I will be billed for any previous past due charges, and I will be expected to clear the charges by the 5th of each month.

_____ I/We understand there is **NO CREDIT FOR ABSENCES.**

_____ I/We understand that with the exception of extenuating circumstances such as loss of employment, job relocation, or expulsion of a student, Cornerstone operates under a “**NO REFUND**” policy, which includes registration fees and tuition fees.

_____ I/We understand that discounts cannot be combined and will be given at greater rate.

Modification Agreement:

___I/We understand that Cornerstone Christian Preschool shall provide written notice to the parent/representative of any basic rate change at least 30 calendar days prior to the change.

State Department of Social Services (Community Care Licensing)

___I/We understand the following in accordance with Title 22, Child Care Licensing:

___The Department of Social Services shall have the authority to interview children or staff, and to inspect and audit child/facility records, without prior consent.

___ As licensee, Cornerstone Christian Preschool shall make provisions for private interviews with any child or any staff member as well as provide for the examination of all records relating to the operation of the facility.

___The Department of Social Services shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement.

___ A child older than 30 months may participate in the toddler program with written permission from the child's authorized representative. No child in the toddler program shall be placed in the preschool program before the age of 30 months without written permission from the child's authorized representative.

___I/We have read all policies and understand what is expected of me, and my child.

SIGNATURE OF PARENT OR GUARDIAN:

Print: _____ Signature: _____

Date: _____ *Father/Guardian Name*

Print: _____ Signature: _____

Date: _____ *Mother/Guardian Name*

SIGNATURE OF PRESCHOOL DIRECTOR:

Print: _____ Signature: _____

Date: _____ *Director's Name*