

KING'S VALLEY PRESCHOOL ENROLLMENT CONTRACT

4255 Clayton Rd. Concord, CA 94521 * (925) 687-2020 * Fax (925) 687-7829

This is an agreement between King's Valley Preschool and the parents named below for the care of the child named below:

Child's Name:	Age:	Level:	Birthdate:
Address:	City:	Zip:	
Father's Name:	Home Phone:		
Address:	City:	Zip:	
Email:	Cell Phone:		
Place of Employment:	Business Phone:		
Address:	City:	Zip:	
Mother's Name:	Home Phone:		
Address:	City:	Zip:	
Email:	Cell Phone:		
Place of Employment:	Business Phone:		
Address:	City:	Zip:	
Name of person to receive billing and be responsible for payment on account:			
Street Address:	City:	Zip:	

Monthly Preschool Rate Schedule – Effective August 30, 2010 through August 26, 2011 (Circle desired hours below.)				
2 years old (potty-trained) through Junior Kindergarten	4 - Half Days 7:30 a.m. - 12:30 p.m.	4 - Full Days 6:30 a.m. to 6:00 p.m.	3 - Half Days 7:30 a.m. - 12:30 p.m.	3 - Full Days 6:30 a.m. to 6:00 p.m.
Monthly Rate – <i>1st Child</i>	\$565	\$735	\$429	\$557
Monthly Rate – <i>2nd Child</i>	\$544	\$705	\$413	\$535
Monthly Rate – <i>3rd Child</i>	\$523	\$675	\$391	\$514

Registration Fee , Non-refundable and due annually. If paid by June 7, 2010.....	\$75.00
If paid after June 7, 2010.....	\$100.00
Account must be current to re-enroll.	
Consumable Fee , Non-refundable and due annually. If paid by August 2, 2010.....	\$100.00
If paid after August 2, 2010	\$125.00
Account must be current to receive the discounted fee if paid by August 2, 2010.	
Half-day program students must be picked up by 12:30 p.m.	
Overtime – Per hour (Charges will be billed in ¼ hour increments or portion thereof, \$5.00 minimum.)	\$ 5.00
Overtime – After 6:00 p.m. – Per ½ hour or portion thereof (begins at 6:01 p.m.).....	\$20.00
All clocked times will be based upon the time shown on our time clock.	
Returned Check Charge	\$25.00
Late Charge for monthly payment not received by 4:00 p.m. on the 10 th of each month and/or billed overtime not received by the 2 nd Thursday of the month	\$20.00
Interest on balance due 21 st of month	1 ½ % per month (18% per year) or 50 cents minimum

Preschool is open weekdays between the hours of 6:30 a.m. and 6:00 p.m. (holidays excluded). Monthly charge, due the 1st of each month, for the above circled schedule is \$_____ (subject to change if starting more than 30 days from date of application). School begins August 30, 2010. I request the first day of attendance to be _____.

initials _____ initials _____

- 1. **ANNUAL REGISTRATION FEE:** This completed application, with the non-refundable registration fee, must be received and approved by the office to constitute enrollment. There is a discount if this is completed by June 7, 2010. Spaces are reserved on a first come, first served basis.
- 2. **ANNUAL CONSUMABLE FEE:** The non-refundable consumable fee is to be paid annually prior to the fall session. There is a discount if this is completed by August 2, 2010. Your account must be current to receive the discount.
- 3. **TUITION:** Tuition must be paid in advance. Once my child has started, tuition is due by the 1st of each month. I have the option of paying in advance for more than one month at a time. No credit is given for illness or missed time other than vacation scheduled in advance.
- 4. **2ND CHILD RATE AND 3RD CHILD RATE:** 2nd and 3rd child rates will be granted only if an older sibling is currently attending KVP or KVCS. If an older sibling drops for any period, including the summer, rates will be adjusted for younger siblings.
- 5. **HOLIDAYS:** Tuition is based on an annual rate; charges for holidays have been excluded. No additional credit will be given for these days except Christmas vacation; no tuition due. Preschool is closed on the following days:

Labor Day 9/6/10 Thanksgiving 11/25-26/10 Christmas Vacation 12/24-31/10
New Year's Day 1/1/11 Martin Luther King, Jr. Day 1/17/11 Presidents' Day 2/21/11
Good Friday 4/22/11 Memorial Day 5/30/11 Teacher In-Service Days 6/13 - 14/11
Fourth of July Holiday 7/4/11 Teacher In-Service Days 8/25-26/11

Signature _____ Signature _____

- 6. **LATE CHARGE:** A \$20.00 late charge will be added to my account if tuition is not paid by 4:00 p.m. on 10th day of each month, or if billed overtime and other charges are not paid by 4:00 p.m. on the second Thursday of the month. This includes payment by mail.
- 7. **OVERTIME:** Overtime charges are made when my child is in school longer than the scheduled number of hours per day. I will be billed for any overtime charges the month following the close of the time card period. These are due upon receipt of the statement. I understand that charges after 6:00 p.m. are extremely high. All clocked times will be based upon the time shown **on our time clock**.
- 8. **CASH PAYMENT REQUIREMENTS:** Cash payments will be required for all accounts if there have been three returned checks.
- 9. **INTEREST:** I understand that interest will be charged, if my account is delinquent, at the rate of 1½% per month (18% per annum), or a \$.50 minimum, on the unpaid balance until the account is paid in full.
- 10. **VACATION:** I understand my child is eligible for two weeks vacation at no charge and may be requested any time after the first 90 days from start date if my account is current. I will give my written vacation request in person in the school office at least one week in advance. Vacation may be taken in any combination of days or weeks; however, vacation days do not accumulate year to year.
- 11. **SCHEDULE:** Schedule changes must be made in person in the school office at least one week in advance and must be in writing. **KVP RESERVES THE RIGHT TO LIMIT THE NUMBER OF SCHEDULE CHANGES TO ONE (1) PER MONTH**. All changes made midweek will be effective on the following Monday.
- 12. **CONDITIONAL ENROLLMENT:** All children must be completely potty-trained. For two weeks, school will assess how the student is adapting to his/her new surroundings and new structure in our learning centers. If the student is not acclimating to our learning environment or is not completely potty-trained, administration will give notice to the parent that the student may not continue.

initials _____ initials _____

13. **CHILD ABANDONMENT:** If a child is left for an hour or more after hours of closing and no one has responded to a telephone, pager or cell alert call, the following procedure will be followed: (1) we will continue to call all numbers listed on the emergency form; (2) the Police Department will be called and will send an officer to the school; (3) the Police will then call Child Protective Services, at which time they will take custody of your child.

Initials _____ initials _____

14. **HEALTH RECORDS:** I understand the attached physician's report must be returned to the school office within 10 days of enrollment, and that my child must be current on all required immunizations. I must provide evidence of current immunizations at the time of enrollment for my child to be accepted.

15. **REFUNDS:** If it becomes necessary to withdraw my child, I understand that any unused pre-paid fees (except non-refundable registration and consumable fees) will be returned **after** all checks presented as payment on account have cleared. (Reminder: Termination dates are always to be on Friday, and tuition will continue to be charged until two weeks AFTER school receives the written withdrawal notice.)

16. **FEE ADJUSTMENT:** King's Valley Preschool reserves the right to adjust fees/hours as necessary with a 30-day written notice.

17. **CHANGES:** King's Valley Preschool may add any other terms to the agreement, which we deem necessary, as long as they are not contrary to licensing regulations, or state law.

18. **COURT ORDER:** The preschool will not be involved in conflicts between husband and wife. If, at any time, one parent should request the school to withhold the child from the other parent, this request must be accompanied by a COURT ORDER. Otherwise, the school cannot comply.

initials _____ initials _____

19. **LICENSING AGENCY RIGHTS:** The Department of Social Services shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent.

20. The licensee shall make provisions for private interview with any child(ren), or any staff member; and for the examination of all records relating to the operation of the facility.

21. The Department of Social Services shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

initials _____ initials _____

22. **REQUIRED EARLY PICKUP:** If I do not pick up my child within two (2) hours of being called, I understand that a conference with administration is required before my child returns to school.

23. **TERMINATION BY PARENT:** If it becomes necessary to withdraw my child, I understand it is my responsibility to have a written notice in the office at least two weeks in advance of the drop date. If I withdraw my child without giving notice, I understand that I am responsible to continue to pay tuition up to two weeks **AFTER** the written notice is received by the school. Withdrawal dates are effective at the end of the week only. I understand all balances due are to be paid before the last day of attendance.

24. **TERMINATION BY SCHOOL, DISCIPLINE:** This agreement may be terminated by King's Valley Preschool with a one- or five-day notice for hurtful behavior.

25. **TERMINATION BY SCHOOL, FINANCIAL :** King's Valley Preschool may terminate this contract if monthly tuition becomes two weeks delinquent. At that time your time card will be pulled and you will be required to come into the office and bring your account current before your child will be allowed to return to class. If this procedure is not followed, a letter of termination will be issued and your space will be forfeited.

initials _____ initials _____

26. **ILLNESS:** When my child has been sick with an infectious illness, i.e., flu, colds or a cough, runny nose, nausea, fever, diarrhea or any other symptoms connected with a cold or flu, I understand that my child must be free from any symptoms for 24 hours before returning to school. All medication must be brought in the original container with a signed permission slip by the parent before any staff member may administer medication. The administration will make the final decision when a child may return to school after having a communicable disease. This is a courtesy and a precautionary measure to keep the disease from spreading further to other children and/or staff members.

27. **SIGN IN/OUT SHEETS:** The State of California childcare licensing requires that student sign in/out sheets be completed daily by the person responsible for bringing the child to and from school. Please write your full signature, **not your initials**, and the time that you drop your child off at school. Repeat this process when you pick your child up from school. State licensing routinely comes to inspect these records. If they find that a parent has not signed the book correctly, they will issue the school a fine. The fine can be as much as \$50 or more. If this happens, the fine will be added on to your account. Please take the time to properly sign in and out. It is your responsibility to inform any person who may drop off or pick up your child of this requirement.

Initials _____ initials _____

28. **HANDBOOK:** I have received and read a copy of the handbook and agree to all the preschool's operating policies and procedures as described therein.

29. **CONTRACT AGREEMENT:** I have had the opportunity to discuss this contract with preschool administration and, by signing below; I agree to abide by it.

30. **CONTRACT VALIDITY:** This contract is valid **ONLY** when all necessary signatures are obtained.

BOTH PARENTS ARE REQUIRED TO SIGN THIS CONTRACT UNLESS THE CHILD IS IN LEGAL CUSTODY OF ONE PARENT ONLY.

ACCEPTED BY KING'S VALLEY PRESCHOOL:

Mother's Signature Date

_Administrative Signature Date
Date

Father's Signature

Responsible Billing Party's Signature Date