Effective:

Board Approved: 6/14/23

License # 401701939

| C1. 11.12 - NT   |                 |
|------------------|-----------------|
| Child's Name     | REFERENCE ONLY  |
| CIIII DI MIII O_ | REFERENCE CONT. |

## **Peace Christian Preschool Admission Agreement** 2023-2024

Peace Christian Preschool is incorporated as a nonprofit educational institution.

The basic service of this center is to offer full-time childcare for two to five-year-old children five days a week from 7:30am to 5:30pm, and to offer a preschool half-day program between the hours of 8:30am to 12:30pm.

The Community Care Licensing branch of the State 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. The licensee shall make provisions for private interviews with any child(ren), or any staff member and for the examination of all records relating to the operation of the facility. Community Care Licensing shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement.

Tuition is due on the 1st of the month and is considered late after the  $7^{\text{th}}$ . If more than one payment per month is needed, arrangements must be made in writing with the director. Unless other arrangements have been made, failure to pay tuition by the 7<sup>th</sup> of the month will necessitate the child not attending school until payment is made. A \$50 late fee will be imposed on all late payments. A \$30 fee will be charged for all returned checks. There is a \$40 fee for any change of schedule.

Tuition remains constant regardless of attendance, including vacation and sick days, temporary pandemic closures and any scheduled school closure days. There will also be no make up days or reimbursements given for closure days.

Children who are picked up after 5:30pm (full-day programs) and 12:30pm (half-day programs) will be charged a late fee of \$15.00 per quarter hour. The second late pickup per month will be an additional 50% charge @ \$22.50; the third per month @ \$33.70; (each additional late pickup will result in an increased charge of 50%).

| TTLE TOTS TUITION (Rooms 1& 7) | PRESC  | CHOOL | L TUITION (Rooms 2) | PRE-K TUITION (Room 4)    |
|--------------------------------|--------|-------|---------------------|---------------------------|
| Full \$985 5 Half \$760        | 5 Full | \$900 | 5 Half \$670        | 5 Full \$900 5 Half \$670 |
| Full \$880 4 Half \$665        | 4 Full | \$830 | 4 Half \$600        | 4 Full \$830 4 Half \$600 |
| Full \$790 3 Half \$600        | 3 Full | \$730 | 3 Half \$555        | No 3 Day Option           |

All hours of enrollment must be approved by the Director. Any schedule changes must be requested in writing and will require a new Admission Agreement upon Director approval.

Additional days (unscheduled) may be available for an additional charge of \$80 full day/\$40 half day. Unscheduled days must have prior approval of the director and are based on adequate staffing.

A yearly registration fee of \$150 per child is due upon enrollment and is non-refundable

Peace Christian shall provide at least 30 calendar days prior written notice to the parent or authorized representative of any basic rate changes.

This agreement may be terminated with a 14-day written notice by either party. The two weeks of tuition will be owed/ forfeited without such notice. Reasons for termination include failure to pay tuition or any fines imposed, repeated late pick up of children, discipline problems as stated in the discipline policy, and any reason deemed necessary by the director to terminate enrollment.

## CAPSLO Families

| I agree to all of the above stated policies and to pay all tuition, r covered by CAPSLO. All CAPSLO families must also read and be charged \$50 if I do not completely fill out and sign the yellow month. (Initial here): | sign the facility CAPSLO form. I understand that I w |  |
|--|--|--|
| Program/Days Enrolled  | Monthly Rate   |  |
| Responsible Person(s) Print Name/sREFERENCE ONLY   |  |  |
| Responsible Person(s) Signature  | Date   |  |
| Director Signature   | Date   |  |