

**BETHEL CHRISTIAN PRESCHOOL & DAY CARE**  
**Financial Agreement Contract**  
**School Year 2010-2011**

2361 Scenic Dr.  
Modesto, CA 95355  
(209) 521-5454

**Part 1**

Please choose one of the following payment plans:

Bi-weekly

Monthly

Tuition payments are due on the 1<sup>st</sup> and 15<sup>th</sup> of each month.

A fee of \$10.00 will be charged daily for payments received after the 1<sup>st</sup> and 15<sup>th</sup>.

**Part 2**

**TUITION RATES**

Please check the box for the number of days that your child will attend along with the payment plan that you have chosen.

**Bethel Christian Preschool Tuition 2010-2011**

**Full Day 6:30am to 6:00pm**

**Bi-Weekly Payment**

5 days a week \$272.00  
4 days a week \$221.00  
3 days a week \$171.00  
2 days a week \$120.00

**Monthly Payment**

5 days a week \$544.00  
4 days a week \$442.00  
3 days a week \$342.00  
2 days a week \$240.00

**Half Day 8:00am to 1:00pm & Twilight 1:00am to 6:00pm**

**Bi-Weekly Payment**

5 days a week \$216.00  
4 days a week \$176.00  
3 days a week \$135.00  
2 days a week \$ 95.00

**Monthly Payment**

5 days a week \$432.00  
4 days a week \$352.00  
3 days a week \$270.00  
2 days a week \$190.00

*\*In addition, if your child is in the Butterflies class and he/she is not potty learned, please add an additional \$40.00 per month diapering fee. Discounts will not be given for this fee.*

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **FINANCIAL AGREEMENT CONTRACT**

### **LATE FEES**

- A \$1.00 fee will be added for every minute your child is picked up after 6:10pm. THIS FEE WILL BE DUE AND PAYABLE TO THE TEACHER ON DUTY WHEN THE CHILD IS PICKED UP.
- If your child is enrolled in the half day program and is picked up late, you will be charged the full day rate for that day.

### **REGISTRATION FEE AND EDUCATIONAL FEE**

\$90.00 NEW STUDENT  
\$81.00 PER EACH ADDITIONAL SIBLING

\$75.00 RETURNING STUDENT (Students that are already attending the preschool.)  
\$67.50 PER EACH ADDITIONAL SIBLING

\$45.00 SUMMER REGISTRATION (Students that are just coming for the summer.)

### **SUMMER ACTIVITY FEE**

\$40.00 PER STUDENT  
This fee covers outside entertainment and special events for the summer, for example, the bounce house, barbeques, magic man, etc.

### **REFUND POLICY**

*With the exception of extenuating circumstances such as loss of employment or job relocation, Bethel Christian Preschool operates under a NO REFUND policy.*

*This includes registration/educational fees as well as tuition fees.*

*Our obligation to the staff and the purchase of materials is based on the commitment of parents at the time of enrollment.*

*Our costs continue, regardless of your child's attendance.*

*We expect our parents to honor the "FINANCIAL AGREEMENT CONTRACT" for the entire school year.*

### **WITHDRAWAL**

If you plan to withdraw your child from the preschool, the office must receive a completed withdrawal form two weeks **prior** to the withdrawal date. If the office is not notified and the form submitted, you will be charged for the time attended PLUS two weeks of tuition payment.

**ILLNESS AND VACATION**

- In the event of a prolonged illness of five days or more, a 50% tuition discount will be given. Tuition will still be due and payable on your due date.
- Each family will receive two weeks of vacation during the school year at a 50% discount. Any time in addition to the two weeks will NOT result in an additional discount. Tuition is still due and payable on your due date.
  - *I understand that our account must be paid and in good standing before my child will be permitted to attend preschool.*
  - *I understand that failure to meet our financial obligation to Bethel Preschool will result in further collection processes and that our students cannot return to school until the account is current.*
  - *I agree to pay all collection costs, interest, attorney's fees, and actual court costs related to the enforcement of this contract.*
  - *I acknowledge that I have read the Financial Agreement Contract and agree to pay Bethel Preschool all the registration/educational and tuition fees mentioned for the school year.*

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BETHEL CHRISTIAN PRESCHOOL & DAY CARE  
ENROLLMENT APPLICATION**

**NAME OF CHILD:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Male**    **Female**    **(Check one)**

**DATE CHILD WILL START:** \_\_\_\_\_

**SCHEDULE OF ATTENDANCE:** (Check all boxes that apply)

FULL DAY	HALF DAY (8:00am – 1:00pm)	TWILIGHT (1:00pm -6:00pm)		
5 days	4 days	3 days	2 days	
Monday	Tuesday	Wednesday	Thursday	Friday

**PREFERRED PAYMENT PLAN:**

Monthly  
Bi-Weekly

**PERSON RESPONSIBLE FOR CHILD:**

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**MARITAL STATUS OF PARENTS:**

Married      Divorced      Single      Widowed

If divorced, parent who has custody of child \_\_\_\_\_

Can non-custodial parent pick up child(ren)? YES      NO      (Check one)

If yes, please include a release form; if no, you may need to bring in court documentation.

**ALLERGIES/SPECIAL NEEDS:**

Allergies \_\_\_\_\_

Special needs \_\_\_\_\_

Fears \_\_\_\_\_

Favorite toy(s) \_\_\_\_\_

**EMERGENCY INFORMATION**

1. NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**PRESENT TYPE OF CHILD CARE:**

Babysitter

Home care

Relative

**PREVIOUSLY ATTENDED PRESCHOOL(S)**

How did you hear about Bethel Christian Preschool? (Check one)

Phone directory

Drive by

Internet

Referred by; whom may we thank for referring you? \_\_\_\_\_

Other, please explain \_\_\_\_\_

***PARENT'S PLEDGE***

- I agree to have my child's immunization record current and kept up to date. My child will have a visual health check upon arrival to preschool.
- I agree to abide by the preschool director's decisions in the event that my child may be excluded from the preschool on any day due to sickness or disease that may affect other children.
- I understand that the preschool has permission to take appropriate measures for emergency treatment for my child if I cannot be reached. In the event of a serious or contagious disease that my child has contracted and missed preschool, a physician's note may be required for my child to return to preschool.
- The school has full authority to discipline my child if he/she does not comply with the standards of the school; I willingly agree to withdraw my child after discussion with the preschool director if that is the concluded decision.
- I agree to support the preschool in enforcing its policies and rules.
- For the safety of my child, I agree to sign the full name of the child in and out each day on the attendance sheets along with my full name. If someone other than the person(s) listed are picking up my child I will send a written note or call the preschool indicating my permission.
- I have read the terms stated in this pledge and by my signature below, I affirm my support to all of the school's policies.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ENROLLMENT APPLICATION**

Bethel Christian Preschool has a non-discriminatory racial policy and admits students of any race to all rights, privileges, and activities made available to all students. The administration, however, reserves the right to refuse admission to anyone unwilling to comply with the school’s regulations.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT AGREEMENT**

I agree to pay the \$90.00 registration fee and additional sibling fees (if applicable) at the time of enrollment and annually each June. I understand that this fee is non-refundable. I agree to pay in advance my tuition payments, based on my choice of payment plans. I understand that my child will be terminated for missing tuition payments. **I understand that this form must be completed and returned to the director prior to the first day of enrollment.**

**ACCEPTANCE AGREEMENT**

By signing below and returning this application to Bethel Christian Preschool/Day Care the parent/guardian has acknowledged acceptance. A 30 day trial period will be granted to the child to ensure proper placement.

**BINDING ARBITRATION**

For alleged violation of any duty to parent/guardian arising out of client wishes agreement, irrespective of legal theory, must be decided by binding arbitration and not by lawsuit or resort to court process, except as applicable law provides for judicial review or arbitration proceedings. I understand that the parent/guardian that enrolled their child(ren) under this agreement gives up their right to court or jury trial to the use of binding arbitration.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADMISSION AGREEMENT**  
**(Please initial)**

I give permission for \_\_\_\_\_ to enroll in Bethel Christian Preschool/Day Care and I agree to all conditions as follows:

**ADMISSION POLICY**

\_\_\_\_\_ I understand that the preschool's license stipulates that the preschool may accept "*well children 2-6 years*". The preschool may "*accept up to two non ambulatory children*".

**REGISTRATION AND IMMUNIZATION PACKET**

\_\_\_\_\_ Upon enrollment I must sign and return all registration paperwork prior to the first day of attendance at Bethel Christian Preschool/Day Care. I must also provide verification that my child is up to date on required immunizations. My child must have a physical exam, including TB test, or verification that he/she is "not at risk" prior to enrollment.

**PARENT AND PERSONAL RIGHTS**

\_\_\_\_\_ I have received, signed, and was given a copy of "Notification of Parent's Rights" and "Personal Rights" forms.

**ILLNESS**

\_\_\_\_\_ I understand that if my child becomes sick at preschool/day care it is my responsibility to pick him/her up as soon as possible. If I have made arrangements for someone other than myself to pick up my child I understand that they must be listed on the emergency card provided to Bethel Christian Preschool/Day Care. If they are not, my child will not be released. I have signed and been given a copy of the "Illness Policy". I understand all the information contained in said policy.

**SIGN IN AND OUT PROCEDURE**

\_\_\_\_\_ State law requires that children be signed in upon arrival and signed out at the time of departure, on a daily basis. I understand that if I fail to abide by this state law that it could result in termination of my child from Bethel Christian Preschool/Day Care.

**ANNUAL REGISTRATION FEES**

\_\_\_\_\_ \$90.00 New Student

\_\_\_\_\_ \$75.00 Continuing Student

\_\_\_\_\_ Sibling Fee 10% off

## **DISCOUNT ON TUITION**

\_\_\_\_\_ 10% discount will be given for up to two siblings.

\_\_\_\_\_ Bethel Christian Preschool/Day care does not give multiple discounts.

\_\_\_\_\_ I agree to the current established tuition rates in effect and understand that the tuition is due in advance, payable on the first day of each month, bi-weekly, as agreed upon in my signed "Financial Agreement" form. I understand that late payment can be subject to a late fee and will not be tolerated. I understand that my child could be terminated from Bethel Christian Preschool/Day Care if tuition is not received on the due date.

### **I also understand that,**

\_\_\_\_\_ Bethel Christian Preschool/Day care has a **NO REFUND POLICY**.

\_\_\_\_\_ There is a \$20.00 service charge assessed for a return check and that all future payments must be made in cash, cashier check, or money order.

\_\_\_\_\_ Bethel Christian Preschool/Day Care agrees to provide at least 30 calendar days prior written notice to the parent/guardian of any tuition rate change.

## **FOOD SERVICE**

\_\_\_\_\_ I understand that my child will receive 2 snacks that will be provided by Bethel Christian Preschool/Day Care if they are at the center when snacks are served (see daily schedule in preschool information for snack times). I also understand that I am responsible for providing my child with a sack lunch.

## **HOLIDAYS**

\_\_\_\_\_ The following days are considered holidays and Bethel Christian Preschool Day Care will be closed. I understand that I am responsible for full tuition if a holiday falls on any of the contracted days of attendance; holidays falling on Saturday will be observed the Friday before, holidays falling on Sunday will be observed the Monday after.

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Good Friday (noon)
- Memorial Day
- Teacher Training/cleaning days
- 1 day before summer starts
- 2 days before school year starts
- Day of program, children will be let out @ 1:30pm (Christmas, Spring Sing & Graduation)
- Independence Day
- Labor Day
- Thanksgiving Day/following Friday
- Christmas Eve (beginning at noon)
- Christmas Day

## **FIELD TRIPS**

\_\_\_\_\_ I give permission for my child to participate in various points of interest in and around the community of Modesto. I understand that I will be notified of all field trips prior to my child participating. I must sign a permission slip which states the specific trip destination in order for my child to attend. I understand that entrance fees for various trips will be above and beyond enrollment and tuition fees. Transportation will be provided by Bethel Christian Preschool/Day Care staff and preschool parents. All parent drivers must have a valid driver's license and proof of auto insurance on file prior to driving on any field trips.

## **FEES/TUITION**

\_\_\_\_\_ I understand that my annual registration/educational fee for continuing students (June) of \$75.00 and new student fee of \$90.00 is non-refundable and will be used for art and educational materials. I further understand that my tuition payments are due in advance of services rendered.

## **DROP NOTIFICATION**

\_\_\_\_\_ Proper placement of my child is important to Bethel Christian Preschool Day Care; therefore, I understand that my child enters Bethel Christian Preschool/ Day Care on a one month trial period. If it is felt by the director, assistant director and/or teacher that my child is not properly placed I understand that they will provide me with a written notice at any point during the 30 day trial period.

\_\_\_\_\_ I understand I am required to provide Bethel Christian Preschool/Day Care with a two week notice if my child will be removed from the center. I understand that all outstanding fees must be paid prior to leaving.

## **SCHEDULE CHANGES**

\_\_\_\_\_ I understand that if my child's schedule changes due to change in work schedule or him/her starting school, Bethel Christian Preschool/Day care will try to accommodate the request for a schedule change. However, I understand that there is NO GUARANTEE my request can be granted.

## **MEDICINE/MEDICAL EQUIPMENT**

\_\_\_\_\_ I understand that if medicine is to be administered to my child that I must fill out and sign a "Medicine Consent" form and that medicine cannot be dispensed if this form is not filled out. I also understand that it is my

*(continued)*

responsibility to pick up the medication when I pick up my child. Medication left at the center on Friday, or expired medication, will be thrown out when the facility closes. I understand that medication must be in the original labeled container and the exact dosage with the specified hours in between dosages will be on the "Medicine Consent" form along with the last time the medicine was dispensed.

\_\_\_\_\_ I understand that Bethel Christian Preschool/Day Care may accept children with the following equipment: Inhaled Medication, Epi-Pen Jr., and Blood Glucose Meters, if all required information is obtained prior to the first day of enrollment. It is my responsibility to obtain a copy of the "Bethel Christian Preschool/Day Care will accept Children with the Following Health Equipment" form and all requirements listed on the form, prior to the first day of attendance. I understand that if all requirements are not met prior to the first day, my child will not be admitted.

### **CHILD SEXUAL HARASSMENT**

\_\_\_\_\_ I understand that Bethel Christian Preschool/Day Care has a zero tolerance for sexual harassment, child to child, or any other type of harassment. Harassment is defined as any of the following:

- Touching intimate areas
- Inappropriate touching
- Excessive kissing
- Verbal sexual connotation

\_\_\_\_\_ I understand that this policy is strictly enforced with all entering and exiting the facility.

### **CHILD ABUSE**

\_\_\_\_\_ I understand that Bethel Christian Preschool/Day Care is mandated to report suspected child abuse and/or neglect. If child abuse is suspected, it will be referred to the proper agency.

### **PARENT MEETING**

\_\_\_\_\_ I understand that I am required to attend three (3) parent meetings at Bethel Christian Preschool/Day Care. If I do not meet this requirement I will pay a \$50 fee.

**STATE DEPARTMENT OF SOCIAL SERVICES (Community Care License) 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, Bethel Christian Preschool/Day Care shall make provisions for private interviews with any child or staff member and for the examination of all records relating to the operation of this 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.

I have received a copy of the registration information sheet for my personal records. I have read the above and agree to the terms set forth in this agreement.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Director** \_\_\_\_\_ **Date** \_\_\_\_\_

## ILLNESS POLICY

Your child should not come to preschool with any of the following symptoms:

- **A cold that is less than 3 days old.**
- **A sore throat or ear ache.**
- **A runny nose not related to allergies.**
- **A fever of 100.2 or above.**
- **An unexpected rash or skin eruption.**
- **Diarrhea and/or vomiting.**

No one knows your child better than you do. If your child is showing behavior that is out of the ordinary (listless, drowsy, lack of appetite, headache, etc.) he/she should probably stay home.

If your child becomes ill at preschool, you will be notified to come and pick up your child. If you are unable to do so, you must make arrangements for an **authorized adult** to pick up your child for you.

Your child may return to school when **24 hours** have passed **without** fever and/or vomiting and diarrhea. For illnesses requiring an antibiotic, there must be at least a 24 hour period after the antibiotic has first been administered before your child can return to preschool (unless the doctor recommends a longer period of time).

**(Sign and return bottom portion.)**

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***I have been given a copy of Bethel Christian Preschool's Illness Policy and understand all the information stated in it.***

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**BETHEL CHRISTIAN PRESCHOOL  
PERMISSION FOR  
WALKING ACTIVITIES OFF SCHOOL GROUNDS**

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

I hereby give consent to have my child participate in any walking activities off of the school grounds. These activities will include nature walks and visits to Bethel Retirement Center. These activities will be supervised by the teaching staff of Bethel Christian Preschool. If a field trip requires transportation, I understand that I will be notified by a permission slip.

**Mother's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Legal guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_