

Parent Copy to Keep

JOHN KNOX COOPERATIVE PRESCHOOL

7421 Amarillo Road, Dublin, CA 94568 • (925) 828-2887

www.JKCP.org

ADMISSION'S AGREEMENT

This is to certify that I understand that John Knox Cooperative Preschool is a **PARENT PARTICIPATING** preschool. Please read and initial that you have read and understand the following:

_____ * I realize that one parent or another adult (with a TB test, proof of vaccination, and physical form on file at John Knox Coop Preschool) must participate in the classroom when scheduled.

_____ * I realize that each parent must participate in the maintenance of the school.

_____ * I understand that the \$75 registration fee per student, is **non-refundable** and the 1st tuition payment is also **non-refundable and cannot be applied in lieu of another payment.** I understand, when possible, a four-week notice prior to departure would be greatly appreciated.

_____ * I understand that the annual tuition is divided into 10 payments. The tuition for the 3AM class is \$245, 4AM class is \$245, and Pre-K class is \$290. I also understand that the 2nd tuition payment of the 10 payments is due at the Orientation. Also due at the Orientation is a one-time annual supply and activity fee. The activity fee for the 3AM class is \$90, 4AM class is \$125, and Pre-K class is \$155.

_____ I understand that there will be a \$50 fine for not turning in all necessary paperwork to the Vice President by July 15th, unless, other arrangements have been made.

_____ * I understand there are **3 mandatory** functions that require the participation of at least one parent per family.

- 1) **Parent Orientation**, One parent must attend.
- 2) October **Fall Festival**, One parent must work a shift.

3) November/December **Holiday Workshop**, One parent must attend.

Fine for each missed function is \$50.00

_____ * A fine may be imposed on anyone who is chronically late in picking up their child from school, unless prior arrangements have been agreed upon with the Director. The individual's tardiness will be brought before the Board, who will assess a fine. Emergencies are understood, but please call the school if you are going to be late.

At www.JKCP.org you will find the Handbook for John Knox Cooperative Preschool. **Please read it.** By having your child in the preschool, you are responsible for abiding by the rules and guidelines set forth in the Handbook. (2019/2020 school year)

I, _____ have read and understand the provisions set forth in the Handbook.

Signature

Date

Reason for Termination:

To remain in John Knox Cooperative Preschool a child must be able to benefit from the program and not infringe upon the rights and benefits of the other children.

If problems occur in the preschool, the teacher will document and ask the director to observe. The parents will be called in on a conference to determine how the home and school can best meet the needs of the child involved.

If there is a problem with a school child, the teacher(s) will bring discipline problems to the director's attention. If the director has to intervene: the first incident, the child will talk to the director without the parents being notified. The second incident will result in a parent/director conference. The third incident may result in the child being removed from the program.

Physical or verbal abuse of the staff is **absolutely forbidden** and will not be tolerated. This is grounds for immediate termination from the program. If an incident occurs, the child will be taken to the Director immediately, and the parents notified.

Rights of Licensing Agency:

- a) The Department of Community Care Licensing shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent.
- b) 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).

I agree to the above stated conditions of admission.

Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

Director

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*****Please Return This Copy*****