

CUMC PRESCHOOL

Registration Form - 2024- 2025

6652 Heil Avenue HB, CA 92647-4359

714-842-1630

Lic# 300 600 219

PLEASE PRINT ALL INFORMATION:

Child's Full Name _____ Birthdate: _____

Name child is to be called at school: _____ Gender _____

Mom/Guardian Cell _____ Dad/Guardian Cell _____

Email for receiving preschool information: _____

Address _____ City _____ Zip _____

Allergies _____

Is there a custody order concerning this child? Yes No

Mother/guardian/domestic partner's full name: _____

Employer _____ Occupation _____

Work address _____ Work phone _____

Father/guardian/domestic partner's full name: _____

Employer _____ Occupation _____

Work address _____ Work phone _____

Please Circle your program choice: **Preschool (2.5 - 4yrs)** **Pre-K (5 by 9/1/25)**

MORNING PROGRAM (8:30 to 11:45 a.m.)

_____ 2 Day \$3250 yearly \$325 monthly

_____ 3 Day \$3750 yearly \$375 monthly

_____ 4 Day \$5250 yearly \$525 monthly

_____ 5 Day \$5750 yearly \$575 monthly

3 Day Pre-K preferred days - MWF or T-W-TH
PRE-K Option Only

ALL DAY (8:30 - 3:15)

_____ 2 Day \$5200 yearly \$520 monthly

_____ 3 Day \$6000 yearly \$600 monthly

_____ 5 Day \$9200 yearly \$920 monthly

_____ 4 Day \$8400 yearly \$840 month **(PRE-K)**

A non-refundable registration fee of \$150 for the first child and \$125 for each additional child enrolled from the same family at the same time is due at the time of registration to ensure your spot. The family handbook is available online at cumcpreschoolhb.com

FOR OFFICE USE ONLY Registration amount: _____ Payment Type: _____ Date: _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

Hotline: 844-538-8766

ADDRESS

750 The City Drive Suite 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714-703-2828

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

CUMC Preschool

(PRINT THE ADDRESS OF THE FACILITY)

6652 Heil Ave. Huntington Beach, CA 92657

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services

Licensing Office Address: 750 The City Drive Suite 250 Orange, CA

Licensing Office Telephone #: 714-703-2800 Hotline: 844-538-8766

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

CUMC Preschool

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Community United Methodist Church Preschool (CUMC) TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

Blank area for listing medication allergies.

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CUMC PRESCHOOL

Signature Agreement - 2024- 2025

6652 Heil Avenue HB, CA 92647-4359
714-842-1630 Lic# 300 600 219

Acknowledgment of Policies:

_____ I/We have been personally advised of and have received a copy of the **Child Care Center Notification of Parents' Rights** at the time of admission to the above named facility.

_____ I/We have received and read a copy of **CUMCP Parent Handbook** containing **School Policies** and **Admission Agreement** and agree to all terms stated within at the time of enrollment at the above named facility.

_____ I/We give permission for my child to participate in the free **professional vision screening** provided by the above named facility.

_____ **ClassTag and Roster Information:** All children will be included on the classtag classroom site where your teacher will share pictures and information with your class. This is a private site and can be accessed only through invitation from your child's teachers. Roster information (phone/email) is shown in the directory but can only be accessed by families in your child's classroom and is used primarily to set up playdates and for birthday invitations. Your physical home address will not be shared with classmates without your consent.

_____ **Photos:** CUMC Preschool teachers take many pictures of children at play and may display them in the classroom or the hallway where other CUMC Families or visitors can see them. Your teacher will also post pictures of your child on the private ClassTag site for your classroom where other families from the class will see them. These pictures are **NOT** considered promotional materials. Promotional materials are pictures that we use for flyers or on our website to promote the school. Names and personal identifying information are never attached to pictures. Please mark below so we know your wishes:

My child's pictures may be used in promotional materials for the school. Yes No

_____ **Classroom Sign In-Out Procedure:** Please remember to sign your child "IN" on arrival and "OUT" on departure each day they attend. Signing in/out should include a full signature by a parent/guardian/approved person who is over 18 and the time of day. *If your child was not signed in or signed out and Social Services cite the preschool for this. the parent will be responsible for that citation fee.*

By signing below, you are acknowledging your receipt and understanding of the information outlined here and you agree to comply.

Parent/guardian signature

Date

Child's name

IMPORTANT INFORMATION CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. (You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7) If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will not be granted an exemption. If your exemption is denied, and you are married to, or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and your current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be canceled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemptions regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclid.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.



COMMUNITY UNITED METHODIST CHURCH PRESCHOOL
 6652 Heil Ave - HB, CA 92649 714-842-1630 cumcpreschoolhb@gmail.com
ADMISSION AGREEMENT 2024 - 2025 LIC # 300 600 219

Name of child: _____ Birthdate: _____ Gender: _____

Person responsible for tuition (Please Print): _____

Phone Number: _____ Email: _____

CUMC Preschool offers a loving Christian preschool program for children who are 2 years 6 months through 5 years. Children are expected to be toilet trained.

Our school year follows the same schedule as the Ocean View School District. **No school days are:**

- | | | | |
|------------------|--|---------------|---|
| November: | Veteran's Day | March: | Parent/teacher conference days (2 days) |
| | Thanksgiving (3 days) | April: | Spring Break (5 days) |
| December | Christmas break (Christmas - New Year's Day) | May: | Memorial Day |
| January | Martin Luther King Day | | |
| February | Lincoln's Birthday | | |
| | Washington's Birthday | | |

Registration Fee: A non-refundable registration fee of \$150 for the first child and \$125 for each additional child enrolled from the same family at the same time is due at the time of enrollment to ensure your spot.

Tuition Schedule: **Mornings: 8:45 - 11:45** **All Day - 8:45 - 3:15**

Number of Days	Mornings Only Yearly Fee	Mornings Only Monthly Fee	All Day Monthly Fee	All Day Yearly Fee
2 Mornings	\$3250	\$325	\$5200	\$520
3 Mornings	\$3750	\$375	\$6000	\$600
4 Mornings	\$5250	\$525	\$8400	\$840
5 Mornings	\$5750	\$575	\$9200	\$920

Please initial that you have read and understand the following policies.

Installment Payment of Tuition: The first installment must be made no later than the first day of registered preschool attendance or all fees and classroom space may be forfeited. The last tuition payment of the year will be due June 1, 2025. Tuition is calculated on an annual basis allowing for holidays and adjusted to ten equal monthly payments for your convenience. Payments may be mailed and should include in the address "preschool". If paying electronically, it is important that you instruct your bank to make the "payee" expressly "CUMC Preschool" to avoid confusion with the church as to where the check should be deposited. Online payment on our website is available. There is a 2.9% service charge plus a 30 cent card fee is applied.

(Continued on Page 2)

_____ **Credit and Refund Policy:** Monthly tuition installments are not refundable. There are no credits or refunds made for absenteeism of any kind. Some months have "no school" days. Since tuition is divided into equal installments, each month's tuition is the same. Tuition fees may be refunded only in the event of a child's dismissal from the school and in that instance, tuition fees will be refunded on a prorated basis to the last day of attendance. Parents are required to give a two-week notice of withdrawal from school. If you fail to comply you are liable for two week's tuition. Reimbursements and credit will not be issued for school closures of two weeks or less that are beyond our control (Example: natural disaster, maintenance emergency, pandemic, etc...), Reimbursements for closures that extend beyond that time frame will be determined if they arise.

_____ **Service Charges and Fees:** Monthly tuition is due on the 1st of each month. A late fee of \$10 will be assessed if tuition is not received by the 8th of the month. If a check is returned to the preschool, the parent will be responsible to cover the bank fees. Children are expected to be picked up promptly at the end of the session. There is a ten minute grace period. After that, a late fee may be charged for late pick-up. If your child was not signed-in or signed-out and Social Services cites the preschool for this, the parent will be responsible for that citation fee.

_____ **Extended Day Options:** CUMC Preschool offers extended day options. These are first come, first serve and should be reserved ahead of time. A spot can be reserved the day of if there is room available. Early Start is from 7:30 - 8:30 and is \$10/day. Lunch Bunch is from 11:45 - 12:45 and is \$10/day. The enrichment program is daily from 12:45 - 3:15 and is \$30/day.

_____ **Arbitration Statement:** I agree to arbitrate any disputes that may arise from the care of my child/children with your facility in accordance with the rules of the American Arbitration Association with the exception of any financial disputes that may occur between the parties. CUMC Preschool reserves the right to modify this agreement at any time by giving the payer a written 30-day notice of the modification.

I have received, read and fully understand the above admission agreement and know I can find a copy in the Family Handbook. I agree to pay any and all outstanding balances at the time of withdrawal or the account may be referred to a collection agency or directly to Small Claims Court.

(Mother/Guardian)

(Father/Guardian)

Date