Saint Joseph Preschool

Early Childhood Program Policies 2014-2015

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial all statements to indicate you have read them. Please turn form in to the teacher by the first day of class.

1. I understand that the tuition is due on the 10th of each a month. Failure to make payments in a timely manner may result in my child being dropped from the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand that all payments are done on-line.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I understand that if I am late picking up my child I may be charged a $5.00 late fee for every five (5) minutes I am late (15 minutes after program ends). This fee will be added to my monthly invoice.\_\_\_\_\_\_\_\_\_\_
3. I understand the year-end tax statement policy.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I understand the toilet-trained policy and procedure.\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I understand it is my responsibility to make my child’s teacher aware of any changes with phone numbers, addresses, e-mail addresses, and any other information pertaining to my child.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. I understand I must provide local emergency contact information.\_\_\_\_\_\_\_\_\_\_\_\_
7. I have made my child’s teacher aware of any allergies, medications, and special needs that my child may have.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. I understand the requirements for parents who provide transportation to and from a field trip.\_\_\_\_\_
9. I understand that my child may be photographed or videotaped during his/her time in the program. These photos or videos may be used in newsletters, the St. Joseph Preschool website, and other advertisements.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. I have been made aware that a Licensing Notebook of all licensing inspection reports, special investigation reports, and all related corrective action plans are available for review on site at the preschool. I understand that this notebook will be available for parents to review during regular business hours.­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. I understand that all employees of the St. Joseph Early Childhood Program have been

cleared through D.H.S. Central Registry and through the Michigan State Police Criminal Clearance Program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand that I must complete the ICHAT form and send in a copy of a current drivers license and be cleared before I can volunteer in my child’s classroom.\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the St. Joseph Preschool Parent Handbook and I agree to the policies described within.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I understand that the Child Care licensing handbook, and the current evaluation is available to me to read if I so choose.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_