

PARENT AGREEMENT / PRESCHOOL

Student Name: _____

Parent Name: _____

PRE-ENROLLMENT VISIT DATE: _____ ENROLLMENT DATE: _____

1. My child will attend TCPS Pre-school on:

_____ Full time basis (M-F full day)

_____ MWF full day _____ TTH full day

2. My child will attend TCPS Pre-school during the hours of _____ a.m. and _____ p.m. If there is any change in my child's schedule, I agree to notify the childcare office as soon as possible.

3. I agree to pay the monthly rate of \$_____ for one child, or the rate of \$_____ for two children. I understand that all fees are due on the first of the month and will be considered late on the 6th. A late fee of \$25.00 will be added to my account after the 5th of the month.

4. I agree to give a two-week notice in writing upon withdrawing my child from TCPS Pre-school. I understand that if I fail to do so, my account will be charged for two weeks.

5. I give TCPS Pre-school permission to transport my child to needed medical facilities in the event of an emergency. I will not hold TCPS or transporting party responsible for any accident or injury that may occur.

6. I agree to keep all phone numbers, addresses, and emergency contacts up to date. I understand being able to contact me is most important.

7. I give TCPS Pre-school permission to consent to any medical care seen necessary by a licensed physician or dentist in an emergency situation. I also understand that I will be notified in such situations, and will be required to meet staff and child at a designated place immediately. After such care, and I (the parent) are unable to be present, my child(ren) may be released back into the custody of the TCA childcare representative.

8. I have read and received a copy of the Handbook and fee agreement. I have also received a copy of the TN Department of Education licensing requirements.

9. I agree to abide by all policies and fees set forth by TCPS. I understand that changes may occur without notice.

Parent Signature _____ Date _____

*Other _____ Date _____

Director's Signature _____ Date _____

*Person(s) responsible for payment of the account if different than parent(s)