

## Kirksville Child Development Center Parent Agreement

I am enrolling my child \_\_\_\_\_ in the Kirksville Child Development Center.

Parent/guardian please read following obligations carefully before signing:

1. I understand the philosophy and function of a parent cooperative preschool and accept responsibility to actively participate in the Kirksville Child Development Center. By enrolling my child in the K-CDC, I agree to become a member.
2. I will attend the orientation session.
3. I will attend member meetings, to be held one time per semester.
4. I agree that my family will volunteer at least 4 hours per month per enrolled child, and realize that more frequent parent participation is encouraged. If in any given month my family is unable to fulfill the four-hour participation requirement, I understand that a buy-out option of \$50.00 per month is available. Participation options include: classroom helper, skilled classroom guest, cleaning, workdays, building maintenance, mowing, fieldtrip volunteer, parent coordinator, board or committee member, and more.
5. **If I volunteer as a classroom helper, I will be considerate of the fact that the teacher has overall responsibility for the program, teaching methods, discipline, and health and safety measures, and that I am her assistant. I understand that I will need to make arrangements for any other children in my care during my scheduled work time. I understand that all classroom helpers must:**
  - a. Attend the orientation session.
  - b. Complete the medical examination report (including a TB screening).
  - c. Submit the worker registration form (background screening).
  - d. Complete parent education/training if necessary for licensing.
6. I will provide the following information and will be responsible for keeping the K-CDC informed of any updates:
  - a. Full contact information regarding the child's physician
  - b. Complete information concerning allergies, health issues, or dietary requirements of my child
  - c. Immunization forms as required by the state of Missouri
  - d. Full parent/guardian contact information, including home, work and cell phone numbers
  - e. Names, addresses and telephone numbers of one or more designated adults who may be contacted in the event of an emergency if the parent cannot be reached. These individuals must be authorized by the parent or guardian to pick up the child from the K-CDC or a K-CDC event, either at the end of the day or otherwise.
7. In the event that I cannot be reached, I authorize the K-CDC to secure for my child any emergency medical treatment deemed necessary.

8. I will not send my child to school if the child is ill, nor will I attend as a classroom volunteer when I am ill. In the event that my child contracts a communicable disease (i.e. Chickenpox, head lice, strep, etc.), I will notify the Director immediately.

9. I will pay my child's tuition fees according to procedures adopted by K-CDC. I understand the tuition is due on the first of each month and is delinquent after the 10<sup>th</sup>. A late fee of \$10 will be assessed with overdue payments. A fee of \$25 will be charged for a returned check. For the 2010-2011 academic year, the tuition rates are listed below and are payable in 10 installments.

- Full-day (5-day): \$3500.00
- Part-day (5-day): \$1750.00
- Part-day (3-day): \$1200.00
- Part-day (2-day): \$800.00

11. I understand that my child should arrive at least by 9:00am and be picked up between 11:15 and 11:30am (part-day) and no later than 5:30pm (full-day). For each ten-minute period past 11:30am and 5:30pm, respectively, there will be a \$10 charge payable to the K-CDC.

12. If it becomes necessary to withdraw my child from school, I will give two weeks notice, in writing, to the Director, and will be financially liable for two weeks' tuition if notice is not given.

13. I have received and read a copy of the K-CDC Parent Handbook.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

The K-CDC does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, sexual orientation, marital status, disability or handicap.