

West Side Preschool is a Cooperative Preschool, and the participation of the child's family is essential to its function. Therefore, the following agreement is necessary.

I HEREBY AGREE TO:

1. Cooperate in the work of the Preschool by providing a family member to **participate regularly in my child's classroom for the entire class period on the days I am assigned.**
 - I will arrange childcare for my other children when I am participating in the classroom.
 - I will arrive 10 minutes before class time on my helping day.
 - When I am unable to be present on the day I am assigned, I will arrange for another adult member of my immediate family to do so, *or* I will trade my workday with another family in the class, *or* I will hire a Paid Parent Helper for **\$30**. I will bring the \$30 on the next day of my child's class if I am unable to bring it the day the Paid Parent Helper works.
 - *As a member of the co-op*, I believe our family benefits greatly from the time we spend together in class. However if circumstances prevent our family from participating, I understand that I may cover *a few or all our helping days* with a paid parent helper. *If I fail to find a replacement for myself on my assigned workday and the teacher is left shorthanded in the classroom, I will pay a \$50 penalty fee. If a third time occurs my child's enrollment may be terminated.*
2. **Participate in ONE of the designated Clean-Up Nights** scheduled at Preschool throughout the school year. I will include a **\$30 Clean-Up Night deposit** in my first month's tuition and understand that the **\$30 will be refunded** to me when an adult member of my family attends one of the clean-up nights.
3. **Pay the monthly tuition fee by the 1st of the month**, October through May. A **\$25.00 late fee** will be assessed for payments received after the 10th of the month.
4. Inform the preschool of my child's developmental disability or special needs prior to registration. If I fail to do so, the preschool reserves the right to determine the best placement for my child in order to provide the best learning environment possible and keep within our limit of one child with special needs per class.
5. Allow Preschool to use my child's picture on the West Side Preschool Facebook page. No names are ever posted. Inform the preschool office if I do not want his/her picture on Facebook. Also, before posting any pictures I've taken in class, have them approved by the teacher.
6. Release West Side Church, West Side Preschool Advisory Committee, and West Side Preschool and its teachers from any liability in case of accident. It is understood that all due care will be taken for the safety of all children, but with small children the unexpected may happen.

I UNDERSTAND THAT:

1. **Full tuition is required** for each month my child is registered to attend, **regardless of the number of days he/she actually attends.** Tuition is due on the first of each month.
2. **Tuition may be paid in cash, by check, or automatic bill pay.** If a check should be returned for insufficient funds, a **\$35 fee** will be charged. Delinquent accounts may be turned over to a collection agency. My child's enrollment may be terminated if tuition becomes delinquent more than 30 days.
3. **Two weeks notice is required if I decide to withdraw my child from Preschool.** *I am responsible for tuition and helping days up to and including the period when such notice is given.*
4. West Side Preschool follows the **Richland Public School Calendar** for vacations, holidays, professional days and school closures due to bad weather.
5. West Side Preschool will not hold classes for several days during one of the following: the State WAEYC (October), or the National NAEYC Preschool Convention (November).
6. Because children and adults are often highly allergic to fragrances, and I understand that wearing perfume, cologne, hair spray or other scented substances to school may cause severe allergic reactions, I agree that I will not wear such items to school or allow my child to do so.

_____ Date

_____ Parent or Guardian's Signature

FOR OFFICE USE ONLY: Date _____ Ck. # or Cash _____ Amt. _____