

## **OAKVIEW PRESCHOOL ADMISSIONS AGREEMENT**

70 Skyview Terrace A. San Rafael, Ca 94903 415.479.6026

Updated 4/2023

BIRTHDATE.

CHILD'S NAME

Summer and late Spring.

my child is fully toilet trained.

OTHER OTALINE.
Please read, initial and abide by each statement
I have read the PARENT HANDBOOK and understand that it is part of the ADMISSION AGREEMENT. I agree to abide by rules about admittance, arrivals and Departures, drop-off and pick-up times, attendance, sick children, absences, finances, closures and every other specified regulation.
I agree to have my child be SIGNED IN on arrival and SIGNED OUT on departure with the correct time and a <u>full</u> <u>signature</u> or <u>proper PIN</u> by an AUTHORIZED ADULT who is on my child's emergency pick-up card. Failure to do so will result in a \$20 fine per occurrence and must be paid when tuition bill is given.
I acknowledge the days that the school is closed due to holidays, vacations, power outages/natural disasters, fire danger prevention measures or unexpected closures, no-school days and in-service days, that monthly tuition is not prorated or refunded due to these dates.
I understand that there are no makeup days for days missed due to absence from illness, vacation, holidays etc. nor may families trade one day for another.
I understand there is a registration fee, deposit and materials fee that must accompany the registration application and they are non-refundable.
I understand that flat rate is a contract effective for your entire time at Oakview. If you choose to go off flat rate, you may not go back on it- you will then be charged the regular school and daycare rates for the duration of your child's time at Oakview Preschool if the schedule is available.
If offered, extended hourly daycare is billed in one-hour blocks only, meaning even if your child only stays 15 minutes past their school day, you will be charged the full additional hour.
I understand that proration of tuition will only be offered in half month increments (not daily). If I enroll during the first half of the month, all tuition will be due. If I enroll in the second half of the month, half tuition will be due. If I leave the school in the first half of the month, half tuition will be due. If I leave in the second half of the month, full tuition will be due.  Payment is due on the first of each month. After the first a late fee will be charged. If payment is not received by the 30 <sup>th</sup> of the month, forfeiture of enrollment will automatically occur. After the 1 <sup>st</sup> of the month a \$5 per day late fee will be added for any late payment and must be paid when tuition bill is given.  I understand I will be billed in advance of service.
I have reviewed and received a current tuition rate sheet and agree to abide with all rules about fees, tuition and finances. I understand that no basic rate or policy changes will take place without at least 30 days' written notice.  I agree to notify the school in writing 30 days in advance from withdrawing my child or I will pay the full months tuition.
I understand that Oakview is a year-round school and I will be responsible for tuition each month, including summer, until I give my 30 days' notice of withdrawal.
A \$25 charge will be billed as a result of any returned checks and must be paid when tuition bill is given.  I acknowledge that California law requires that each child must have a medical examination form filled out by a
physician and up to date vaccination records before they begin school.  I agree to keep my child home if I know or feel my child is not well enough to participate fully in the school environment. Should my child become ill at school, I agree to have my child picked up immediately. Children must be on
medication for 24 hours before returning to school. Children should be fever, diarrhea and vomit free for 48 hours before returning to school.
I am aware that staff can only dispense medication (including ChapStick, ointment, diaper cream, etc.) after a guardian has filled out a medication release form. Forms must be filled out and signed on a daily basis. There are separate forms for serious/prescription medications that need to be filled out by a physician and a copy of the box/prescription must accompany the forms.
I authorize Oakview Preschool to apply sunscreen to my child at their discretion on a daily basis during early Fall,

I understand that if my child is not fully potty-trained before starting the program, a \$50/month fee will be billed until



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progress or address concerns throughout the year, however lengthy c	
accommodate staffing.	onversations may hood to be considered in craci to
I will comply with the school policy of "no toys at school" and w	ill send my child dressed accordingly so they are
ready for all weather and play. Jewelry, fancy clothes, etc. should be	
for lost/stolen belongings (including clothing/shoes). Please label eve	
I understand that if I choose to hire a staff member for after hou	
anything that occurs during this time has no reflection or affiliation with	
to privately work for me during hours they are obligated to work at the	
Oakview Preschool closing time. Please respect the closing time.	
accommodate parking, gathering your child's belongings etc. I unders	
closing time, a fee of \$20.00 will be charged for any portion of the first	
minutes past closing and must be paid when tuition bill is given. I am	
to be late. If children are left after 30 minutes past closing and all effo	rts have been made to locate parents or emergency
persons, we will have no recourse but to call Child Protective Services	
(more than 3 times) may result in request of withdrawal from the scho	ol.
I understand that my child could be terminated from Oakview F	Preschool without warning for the following reason:
a. Tuition is more than 30 days past due	
b. Late pick-up after closing (after three or more times)	
c. A child's behavior is uncontrollable or unsafe for themselves or other	
d. When the preschool staff is unable to meet the needs of an individu	
e. A parent is not able to work with the preschool staff to solve a probl	
I understand that California State Department of Social Service	
client or facility records without prior consent and to interview clients if	
observe the physical condition of clients, including conditions which co	
placement. I also acknowledge my right to contact the licensing agence	
the operation of the facility. I understand that by signing this documen	t, I agree to all the above notations.
Parent Signature	Date
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Oakview Representative Signature	Date