



OAKVIEW PRESCHOOL ADMISSIONS AGREEMENT

70 Skyview Terrace A. San Rafael, Ca 94903

415.479.6026

Updated 7/2025

CHILD'S NAME _____ BIRTHDATE: _____

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 full signature or proper PIN 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 the schedule I sign up for is the only guarantee and that changes may not be able to be accommodated.

_____ 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 30th of the month, forfeiture of enrollment will automatically occur. After the 1st 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 (even if my child graduates, I understand I still need to give written withdrawal notice).

_____ 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, Summer and late Spring.

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



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_____ I agree to notify the school prior to potty training my child (if applicable) and work with the school on a reasonable transition to being FULLY potty trained at school. I understand that being potty trained at home may be different than being potty trained at school.

_____ There will be at least one conference held per year by your child's teacher. Staff is available to discuss a child's progress or address concerns throughout the year, however lengthy conversations may need to be scheduled in order to accommodate staffing.

_____ I will comply with the school policy of "no toys at school" and will send my child dressed accordingly so they are ready for all weather and play. Jewelry, fancy clothes, etc. should be left at home. Oakview Preschool is not responsible for lost/stolen belongings (including clothing/shoes). Please label everything.

_____ I understand that if I choose to hire a staff member for after hours care or work, I am doing so at my own will and anything that occurs during this time has no reflection or affiliation with Oakview Preschool. I will not ask a staff member to privately work for me during hours they are obligated to work at the school.

_____ Oakview Preschool closing time. Please respect the closing time and properly plan your pick-up time to accommodate parking, gathering your child's belongings etc. I understand if my child is still present at the Preschool after closing time, a fee of \$20.00 will be charged for any portion of the first 10 minutes, and then \$2 per minute after 10 minutes past closing and must be paid when tuition bill is given. I am responsible for notifying the school if you are going to be late. If children are left after 30 minutes past closing and all efforts have been made to locate parents or emergency persons, we will have no recourse but to call Child Protective Services and request their assistance. Frequent late pickup (more than 3 times) may result in request of withdrawal from the school.

_____ I understand that my child could be terminated from Oakview 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 others.
- d. When the preschool staff is unable to meet the needs of an individual child.
- e. A parent is not able to work with the preschool staff to solve a problem.

_____ I understand that California State Department of Social Services, our licensing agency, has the authority to inspect client or facility records without prior consent and to interview clients if they deem necessary. This agency has the right to observe the physical condition of clients, including conditions which could indicate abuse, neglect or inappropriate placement. I also acknowledge my right to contact the licensing agency if fault is found in the treatment of my child or in the operation of the facility. I understand that by signing this document, I agree to all the above notations.

Parent Signature _____ Date _____

Oakview Representative Signature _____ Date _____