

2020/2021 FOUR SEASONS CHILDCARE AND PRESCHOOL FAMILY ACKNOWLEDGEMENTS

FAMILY NAME: _____

YEARLY TUITION: _____

1. I have read and understand the Four Seasons Parent Handbook
2. I agree to review the Parent Handbook regularly for updates that have been made. I will read emails sent from the school regarding updates to the handbook.
3. I understand that any changes to my child(ren's) schedules must be given within 60 days of notice in writing to be considered if space and ratio allow.
4. I understand that any changes made to my child/children's schedules are subject to a \$25.00 fee per child/per change.
5. I understand that I am responsible for my yearly tuition amount in full. If for any reason I make changes or withdraw, I am responsible for my full tuition amount and that refunds are not given.
6. I understand that tuitions are due on the first of each month.
7. I understand and agree that changes made to my child(ren's) summer schedule may affect the September enrollment for the following year. I understand that registering my child(ren) and signing the application holds me accountable for the schedule and tuition amounts that I signed up for at the original registration.
8. I understand that tuitions paid each month pay for that month's expenses. I understand that the payment secures my child(ren's) spot for the corresponding month (2 months in advance).
9. I understand that my child(ren) must be fully potty trained for the Three Year Old Program. Exceptions cannot be made for ratio purposes. If my child is not fully potty trained for the 3/Pre-K Programs, they may be asked to leave the program.
10. I understand that my child(ren) may not attend Four Seasons if they are sick. Sending my child to Four Seasons knowing they are sick may result in removal of the program. I will review Four Seasons Sick Policy in the Parent Handbook.
11. I understand that my child(ren) must be at least 72 hours symptom free in order to return after they are sick. Contagious or concerning illnesses will require a doctor's note to return.
12. I understand that all paperwork, emergency contact, emergency meds, school supplies must be current and up to date in order for my child(ren) to enter the building. Failure to do so may result in delayed admittance.
13. I understand that my child(ren) will be in their classroom no later than 8:45am sharp. If my child(ren) is not in their classroom and unpacked by 8:45am, I run the risk of my child(ren) not being admitted for that day. I understand that late arrivals are disruptive to other students and staff.
14. I understand that children may not be picked up and dropped back off to school for any reasons. Once they are picked up, they may not be re-admitted the same day.
15. I understand that there are absolutely no pick ups during 12:30pm and 2:30pm to avoid nap disruptions.
16. I understand that it is my obligation to inform Four Seasons of any medical, physical, mental or educational concerns prior to enrollment to ensure that Four Seasons staff can be prepared to provide necessary accommodations, educate staff and prepare the school for my child's arrival.
17. I understand that if my child becomes sick, hurt, if there is an emergency closure or other situation that would require my child to be picked up during the school day, I must arrive within 30 minutes of the school calling. If I am not able to pick up within 30 minutes, I will have a back-up plan for someone to pick up within 30 minutes.
18. I understand that a parent or guardian must be reachable at all times when my child(ren) is in the care of Four Seasons. If I am not reachable, I will update the school of who to call in my absence.
19. I understand that Four Seasons will only administer emergency medications. I will make sure that medication and paperwork is current. I understand that if medication and paperwork is not current, my child(ren) will not be admitted.
20. I understand that I must update the Front Office of any changes to the following paperwork: Contact Information, Health Information, Educational services, concerns or situations that may affect my child(ren's) day. I will inform Four Seasons of any outsource services/evaluations or accommodations to be implemented for my child(ren).
21. I understand that I am responsible to inform the school if myself, my child or anyone in my family has had direct contact with COVID, has travelled to a quarantined state, has a fever, cough, runny nose, sore throat, or traveled within the past 14 days.
22. I understand that if any household members that have travelled to a quarantined state, must quarantine for a minimum of 14 days before returning to Four Seasons.

I, _____, hereby acknowledge that I have read, understand and agree to the terms of this document relating to Four Seasons policies and procedures stated above as defined by Four Seasons Childcare and Preschool.

SIGNATURE: _____