

REACH CYA PRE-K PARENT AGREEMENT

In order to enroll my child in the REACH CYA Pre-K Program, I agree to:

1. I am a resident of the Half Hollow Hills School District.
2. Checks should be made payable to REACH CYA, Inc.
3. I agree to pay \$_____ per month for Pre-K. I understand that tuition is due one month in advance on the tenth day of the month (i.e. September payment is due on August 10th). My child may be excluded from Pre-K if an outstanding balance is due. **If tuition is not paid by the tenth of the month, I agree to pay a \$10.00 late fee.**
4. I understand that the registration fee and tuition deposit are non-refundable.
5. I agree to pay a \$20.00 fee if my check is returned for insufficient funds.
6. My child will be fully able to attend to bathroom needs independently by the first day of school.
7. I will pick up my child at dismissal time from the Pre-K Program and sign her/him out. **Any child picked up past dismissal of class will be charged \$1.00 per minute for every minute they stay late.** Repeated late pick ups may result in suspension from the Pre-K program.
8. I will notify REACH CYA if someone other than my spouse or myself will be picking up my child. All other adults who pick up my child must be on the authorized list and provide photo ID.
9. I understand that REACH CYA reserves the right to call my emergency numbers and arrange for someone to pick up my child if I am late, if s/he appears ill, or if the program closes early due to emergency weather conditions. I will leave alternate phone numbers when applicable.
10. I understand that I will inform REACH CYA of any special needs or problems my child may have.
11. I understand that inappropriate behavior by my child may result in his/her suspension or permanent exclusion from the program.
12. I agree to submit all required paperwork prior to my child's attendance. **If work or emergency numbers change during the year, I will inform REACH CYA immediately.**
13. The program will follow the school district calendar. **No refunds will be given for snow/emergency days or for absences. Make-ups are not allowed.**
14. I give permission for REACH CYA to use photographs of myself and/or my child for display or publication purposes.
15. I understand that REACH CYA will not be held responsible for any missing or damaged articles (i.e. book bags, clothing, toys).
16. I understand and agree that if my account is referred to a collection agency my account balance will be increased by 25%. In the event that my account is referred to an attorney, I will pay all lawyer fees of 25% of the total unpaid balance plus court costs.

I HAVE READ THIS AGREEMENT CAREFULLY AND AGREE TO ITS CONTENTS.

Signature _____ Date _____

For office use only

Registration fee _____ Tuition Deposit _____ Check # _____ Date _____ Rec'd by _____

Birth Certificate

Proof of Residency

Physical/Immunization Report