

**FOOTHILLS LUTHERAN CHRISTIAN PRESCHOOL CONTRACT**

Student's Name: \_\_\_\_\_

I, the undersigned parent/guardian agree to pay: (circle one)

\$310.00 each month for five half days per week

\$250.00 each month for four half days per week

\$175.00 each month for three half days per week

\$135.00 each month for two half days per week

for my child's attendance at Foothills Lutheran Christian Preschool by post-dated cheques dated the first of the month and made payable to Foothills Lutheran Church. I would prefer:

Mornings: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Afternoon Class: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

I agree to bring my child to the preschool no earlier than 8:40 am and will pick up my child by 11:30am. if registered for the morning classes. For the afternoon class I will bring my child no earlier than 12:40 pm and pick up my child by 3:30 pm. I agree to pay \$10.00 for each 15 minutes that I am late directly to the teacher.

**I agree to notify the preschool in writing 30 days before withdrawal of my child. If written notification is not given, tuition for the following month will not be refunded.**

I understand that there are no refunds given for a child's absence.

**I agree to be a parent helper in the class, arrange for a suitable substitute, be a support for the class at home by making play dough, etc. or purchase a needed item as determined by the teacher for the classroom (\$5 - \$10) one half day per month.**

I will keep the teacher informed of any event or change of routine at home which affects my child's behaviour.

**I will not send my child to preschool if he/she has obvious symptoms of a contagious disease, fever, vomiting, etc.**

I hereby authorize the teacher to call my child's doctor or ambulance when parent or guardian is not immediately available.

**I agree to supply monthly post-dated tuition cheques for the year on or before the first week of classes unless covered by subsidy. Families qualifying for subsidy agree to provide one month's tuition as a refundable deposit on or before the first week of classes.**

My child may be picked up by:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

People who may NOT pick up my child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_