



2024-2025 School Year Agreement

Students Name: _____

Enrollment: Enrollment is contingent upon receipt of the completed enrollment application, non-refundable registration fee, non-refundable required monthly deposit (one month's tuition) and immunization records, which must be submitted by the first day of school.

Parent/Guardian's Signature: _____ Date: _____

Acknowledgement of Parent Handbook:

The Precious Angels Preschool Handbook contains important information regarding our policies and procedures, parent/guardian rights and obligations, and ensuring the safety and security to your child while in our care. Please carefully read all information in the handbook.

By signing below, you will indicate that you have received the handbook under the parents/forms tab via our website at www.preciousangels.info. I acknowledge that I have read and understand the contents of the handbook and will comply with all Precious Angels Preschool & New Jersey State Licensing and Department of Health requirements and mandates. A hard copy is available in the office. I agree to abide by the policies set forth in the handbook. I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Precious Angels Preschool and me. Precious Angels Preschool reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice. I acknowledge that this Parent Handbook is the property of Precious Angels Preschool, created for use by Precious Angels Preschool only. All rights reserved.

Parent/Guardian's Signature: _____ Date: _____

Tuition:

Tuition is based on a yearly premium and may be pre-paid in full or monthly payments. Yearly tuition amounts paid in full will receive a 5% discount. Monthly payments are due by the 7th of each month. If payment is not received by the 8th, the child will not be allowed to attend school. Late fees will be charged each day that a payment is not made. For September only, tuition will be due by the 15th. Please see the office for any questions regarding payment plans. Payments may be submitted by cash, check or credit card via the brightwheel app. Tuition payments must be kept current. Failure to do this could jeopardize the child's continued enrollment and/or acceptance of future applications. There are no refunds made in case of enforced or voluntary withdrawal from the school. Fees are due whether or not your child attends on scheduled days per your enrollment. It is understood that the child is enrolled for the entire school year. Make ups days are not permitted due to classroom ratios and other students schedules.

Tuition Agreement:

I agree to pay \$_____ by the 7th of each month for my child's tuition. Failure to do so will result in my child not being able to attend Precious Angels Preschool.

Parent/Guardian's Signature: _____ Date: _____

Sick Child Policy: If a child exhibits signs of illness, the directors/staff will determine if the symptoms indicate a need for exclusion until remedied. In the event a child becomes ill and needs to be picked up, the child will be separated from the rest of the class until the parent arrives. If your child is unable to participate in the normal daily activities, then your child must stay home. If a child exhibit any of the following symptoms, they should not attend school: severe pain or discomfort, acute diarrhea, acute vomiting, elevated temperature of 100 degrees F, lethargy, severe coughing, yellow eyes or jaundice skin, red eyes with discharge, infected untreated skin patches, difficult or rapid breathing, skin rashes in conjunction with fever or behavior changes, skin lesions that are weeping or bleeding, mouth sores with drooling, stiff neck. Once the child is symptom free for 24 hours without medication or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, they may return to school.

Parent/Guardian's Signature: _____ Date: _____

Authorization for Emergency Care and/or Evacuation and/or Transportation: In the event of a medical emergency, I authorize Precious Angels Preschool to give consent for any and all necessary medical care of my child while he/she is in the custody of the school. I authorize Precious Angels Preschool, in the event of an emergency evacuation, to transport my child to a safe zone.

Parent/Guardian's Signature: _____ Date: _____

Consent to Photograph: Precious Angels Preschool needs your permission, in the event we choose a picture taken of your child, to show that picture on our website (www.preciousangels.info), private Facebook page (Precious Angels Preschool Families) or future marketing advertisements. By signing below, I give permission to Precious Angels Preschool to show pictures taken of my son/daughter during school activities. His or her name will not be published.

Parent/Guardian's Signature: _____ Date: _____

Department of Children and Families Office of Licensing Information to Parents: I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. See attached.

Parent/Guardian's Signature: _____ Date: _____