



Contact Sheet

Today's Date: _____

Child's Name: _____ Male Female

Preferred Name: _____ Child's Birth Date: _____

Address: _____ Zip: _____

Email Address: _____

Home Phone: (661) _____

Mother's Name: _____ Mother's Cell Number: _____

Father's Name: _____ Father's Cell Number: _____

Participating Parent's Name: _____

Referred By: _____

(Returning Families please respond "Returning")

Do you prefer to be contacted by phone or email? Phone _____ Email _____ Either _____

Are there any court-ordered custody issues? _____

Siblings:

Name _____ Age _____ Living at Home? _____

Name _____ Age _____ Living at Home? _____

Name _____ Age _____ Living at Home? _____

Program Desired:

- 2/3 year old combination class (Tue/Thu Morning)
- 2/3 year old combination class (Wed/Fri Morning)
- Pre-K Program (M/T/TH Morning)
- Pre-K Program (Mon/Wed/Fri Morning)

Preferred Work Day: (1st Choice) _____ (2nd Choice) _____

Committee Preference (mark 2 choices)

- Student Activities – Assist teachers with special days (Farm Days, Native American Days, and holiday events)
- Room Representative – Monthly snack calendar, communicate information to parents in class
- Fundraising – Assist Fundraising chairperson with donations and fundraising events
- Other _____

I agree that registration fee of \$60.00 (\$70.00 after June 1) is **non-refundable**.

_____ Parent Signature

Child's Name _____ D.O.B _____ Phone _____
 Address _____ City _____ Zip Code _____
 Mother/ Guardian _____ Phone _____
 Address _____ City _____ Zip Code _____
 Father/ Guardian _____ Phone _____
 Address _____ City _____ Zip Code _____
 Person Responsible for Payment of Fees _____
 Address _____ City _____ Zip Code _____ Phone _____

BASIC SERVICES

Tuesday/ Thursday: 2/3-year-old combination class
 Wednesday/Friday: 2/3-year-old combination class
 Monday/Tuesday/Thursday: Pre-K class
 Monday/ Wednesday/Friday: Pre K class

- All classes are held from 9:00 am to 12:00 noon
- Mid-morning snack is provided by parents on a rotating basis
- Parent education provided at monthly parent meetings

FINANCIAL ARRANGEMENTS

A Non-Refundable Registration fee of \$70.00 per year

Monthly tuition rates:

2/3-year-old program	\$120.00
Pre-K program	\$152.00
Second child discount	\$15.00 off monthly tuition
In lieu of classroom participation	\$50.00 in addition to monthly tuition
Once a year fundraising agreement	\$120.00 per child
Refundable Maintenance Day Deposit	\$75.00 per family

Please initial in agreement and understanding the following guidelines

- _____ Registration fees must be paid prior to child's initial start day. This fee is due annually and is non refundable.
- _____ Tuition is due and payable on the first day of each month and becomes late on the 7th of each month. All late tuition payments shall include a late fee of \$25.00.
- _____ Rate changes shall take effect at least 30 days after written notice has been given to the general membership.
- _____ Orientation of the participating member shall occur within two weeks of the child's first day of school. Orientation will include the schools philosophy, daily routine and location of supplies. All paperwork is due before first day of school.

PARTICIPATION

- _____ **Classroom Participation:** I will serve as an assistant to the teacher one morning every two weeks as assigned by the First-Vice President. If I am not available for my assigned workday I will be responsible for finding a substitute to work in my place. Failure to fulfill my classroom participation responsibility will result in a fine as outlined in the handbook.
- _____ **Evening Participation:** I will attend one parent meeting per month or as scheduled. Failure to fulfill my evening participation responsibility will result in a fine as outlined in the handbook.
- _____ **Committee Participation:** I will serve on one standing committee or on the Executive Board to assist in the operation of the school. Failure to fulfill my committee participation responsibility will result in a fine as outlined in the handbook.
- _____ **Maintenance Day:** I will participate in a least one maintenance day during the school year for the purpose of cleaning/repairing equipment, classrooms and school grounds. I will receive at least one-month notice of my scheduled workday. Should the school be required to change locations, I agree to work an additional workday. I will leave a check, post-dated to my scheduled workday with the maintenance chairperson. This check will be returned to me at the end of my workday.
- _____ **Fund Raising:** I will actively support the mandatory fund raising project. My financial obligation for the school year will be \$100.00 per child. In the event that a family withdraws early or enrolls late from or to the pre-school a pro-rated amount of the fundraising obligation must be paid the rule is as follows.
 - Withdrawal before December 31st \$60.00 per child**
 - Withdrawal after December 31st \$120.00 per child**
 - Enrollment before December 31st \$120.00 per child**
 - Enrollment after December 31st \$60.00 per child**

_____ **Health Regulations:** I will have health forms for myself and my child on file at the school prior to the child's first attendance day. Specific health requirements are listed in the standing rules. Any attempt to participate without valid form will result in a suspension from school until all health requirements are met.

LICENSING: "Inspection Authority"

_____ The Department of licensing agency shall have the authority to interview children or staff, and to inspect and audit child's or facility records without prior consent.

_____ The license shall make provisions for private interview with any child or staff member and for the examination of all records relation to the operation of the facility.

_____ The Department of licensing agency shall have the authority to observe the physical conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child.

TERMINATION/WITHDRAWAL

_____ **Aggressive Behavior:** the Director or the Board may expel any child that aggressively attacks another child or shows a pattern of aggressive behavior. This would include physical acts that could involve biting, hitting or purposely hurting another child.

First suspension 1 School Day

Second suspension.....3 School Days

Further acts would be met with expulsion from the school. The child may register for the following school year with Director and Board approval.

_____ Either party may terminate this agreement with a two week written notice.

_____ I will be responsible for participation and payment of tuition during the two-week period. Additionally, I will be responsible for agreed maintenance and fundraising obligations. Re-entrance of my child will be upon the Executive Board approval and conditions as set forth by the Executive Board.

I have read and agree to follow the polices of Bakersfield Parent Nursery

Parent Signature _____ Date _____

FAMILY RESPONSIBILITIES

FUNDRAISING AGREEMENT

Please initial the option(s) you prefer to fulfill your fundraising obligation

- _____ 1. A annual buy-out of \$120.00 to be paid by a designated date as stated in handbook.
- _____ 2. Participation in the planned fund-raiser
- _____ 3. Participation in Scrip program

This agreement pertains to my financial obligation only. I agree to participate in the planned fund-raiser in terms of my time and creative resources. If I need to alter this agreement in any way, I will contact the 2nd Vice-president or the Treasurer.

Signature _____ Date _____

SNACK AGREEMENT

I agree to provide a mid-morning snack for my child's classroom on a rotating basis with the other parents as assigned by the snack coordinator. When providing snack items I agree to adhere to the guidelines and principals of good nutrition.

Signature _____ Date _____

PERSONAL STATEMENT OF HEALTH – participating parents only

Please describe your general health, and whether you believe you have any limitations in the duties you may perform as a participating parent at BPN. If there are multiple family members who will be participating in work days, they must all sign statement of health.

Signature _____ Date _____

T.B. TEST RESULTS – participating parents only

T.B. test results must be current (within the past four years)

You may have physician sign above or submit the TB results separately. This is due before first work day. If you do not have a TB test by your first work day, you will need to find a substitute. If TB test is positive, you will need a chest X-ray.

Positive: _____

Negative: _____

Signature of Physician _____ Date: _____