

St. Paul's Parish  
Littlest Angel Preparatory  
Preschool, Pre Kindergarten and Young Fives  
221 Valley Street - Room X  
San Francisco, California 94131-2320  
82-4KIDS (5437) Lic #380506430

Admission Agreement Contract  
(Full Time/All Day Program: 7:30am – 5:45pm)  
(Half Day: 7:30am – 12:30n)  
(Part Time: 2 – 4 days either All Day or Half Day)

All children age 4 years through 6 years must attend Preschool a minimum of 3-1/2 days per week)

I agree to enroll my child \_\_\_\_\_, beginning on \_\_\_\_\_.

Daily attendance will begin at \_\_\_\_\_ a.m. and end at \_\_\_\_\_ p.m. on the following days:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

- 1) I understand Preschool will be open in accordance with the yearly calendar and the above time and days are reserved for my child. I understand thereafter I will pay tuition in accordance with this contract.  
\_\_\_\_ Please initial that you read the foregoing
- 2) **NEW Students:** I understand I will pay in advance all non-refundable fees, including first month tuition by check, cash or money order, on the date due. (see Acceptance Letter)
- 3) **RETURNING Students:** I understand I will pay by May 31, by check, cash or money order, a Re-Registration Fee, non-refundable. I understand thereafter through the Automatic Payment Plan, I will pay full tuition October, November and January through July. I will pay one half (50%) of tuition December. I understand August the Preschool will be closed and I will pay 0% of my tuition. If I go on vacation I will be required to pay the tuition due for the month(s) or withdraw from the program.  
\_\_\_\_ Please initial that you read the foregoing
- 4) I understand care will include a morning breakfast snack, lunch and afternoon snack. Parent will provide a pre-cooked lunch if not participating in catered lunch program. We do not provide a credit for non-participation.  
\_\_\_\_ Please initial that you read the foregoing
- 5) I understand children may be taken from the Preschool only by the person(s) signed below OR listed on Identification and Emergency Information (LIC 700); LAPP Emergency Card; LAPP Major Disaster Emergency Dismissal Form or listed on Identification Code form and under the conditions specified.  
\_\_\_\_ Please initial that you read the foregoing
- 6) I understand I will be notified in advance if Preschool is going on a field trip – usually on the monthly calendar. I understand I must provide my own childcare if I do not want my child to join the activity. If we go to the Park or the Library permission slips will not be sent home. A note will be on the front door.  
\_\_\_\_ Please initial that you read the foregoing
- 7) I understand in the case of early withdrawal or termination one month notice is required for either - in writing. Families may receive a refund for unused tuition, which will be prorated on a per day basis. If one month notice in writing is not given to the Director, tuition refunds on overpaid accounts will be prorated on a per day basis with an additional two week charge after the last day of attendance.  
\_\_\_\_ Please initial that you read the foregoing
- 8) I understand the Preschool is not responsible for belongings left after 14 days.  
\_\_\_\_ Please initial that you read the foregoing

9) *I understand payment obligation is based on the schedule I agree to use childcare, not on actual hours of attendance. I understand if my payment is 10 days late appropriate action will be taken including but not limited to, legal action at my expense, to recover payment and/or the requirement to immediately withdraw from the preschool.*

\_\_\_\_ *Please initial that you read the foregoing*

10) *I understand the Preschool or Staff will not be responsible for or replace lost, stolen or broken toys brought from home.*

\_\_\_\_ *Please initial that you read the foregoing*

11) *I understand I will be notified no less than 30 days in advance if the tuition is increased.*

\_\_\_\_ *Please initial that you read the foregoing*

12) *I understand that the Department of Social Services, Community Care Licensing has the right to review my child's records, etc. at any time.*

\_\_\_\_ *Please initial that you read the foregoing*

13) *I understand the Director (or designated staff member) may telephone for my child to be picked up if (s)he feels it is necessary due to illness or behavior. I agree to have my child picked up within one (1) hour.*

\_\_\_\_ *Please initial that you read the foregoing*

13) *I agree to comply with the foregoing and all Preschool Policies that are in accord with the Policies of the Archdiocese of San Francisco, including but not limited to, compliance with the schools Code of Christian Conduct.*

\_\_\_\_ *Please initial that you read the foregoing*

14) *I will pay:*

Yearly \_\_\_\_ Semi-Annually \_\_\_\_ Quarterly \_\_\_\_ Monthly \_\_\_\_ on 1st \_\_\_\_

\_\_\_\_ *Please check two of the above*

\_\_\_\_ *Please initial that you read the foregoing*

15) *I understand the current tuition for care of my child is \$ \_\_\_\_\_ per \_\_\_\_\_ and to be \*\*paid yearly, semi annually, quarterly or monthly in advance.*

\_\_\_\_ *Please fill in the above blanks*

**\*\*Example: Payment made on the 1st of the present month (i.e. August 1st for August);**

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Director Signature                      Date