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)

l agree to enroll my child			beginning on				
Da	ily attendance will be	gin at a.	m. and end at	o.m. on the followin	g days:		
	Monday	Tuesday	Wednesday	Thursday	Friday		
1)	I understand Preschereserved for my chiter program of the property in the program of the program	a. I unaerstand	n in accordance with th I thereafter I will pay to foregoing	ne yearly calendar a lition in accordance	and the above time a with this contract.	nd days are	
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. (Please see Acceptance Letter)						
3)	RETURNING Students: I understand I will pay by April 23, 2018, by check, cash or money order, a non-refundable Re-Registration Fee. I understand thereafter through the Automatic Payment Plan (checking account only), I will pay in accordance to my chosen payment schedule on the 1st of each month. 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)	nonparticipation.	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 nonparticipationPlease initial that you read the foregoing					
<i>5)</i>	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 the 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)	month notice in writ	ly receive a refu ing is not given charge after the	hdrawal or termination and for unused tuition, to the Director, tuition a last day of attendanc foregoing	which will be prora	ted on a per day has	is If one	

8) I understand the Preschool is not responsible for belongings left after 14 daysPlease 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.
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 broug
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
14) 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 ConductPlease initial that you read the foregoing
15) My payment plan will be:
Yearly Semi-Annually Quarterly Monthly on the 1st
Please initial that you read the foregoing
16) I understand the current tuition for care of my child is \$ per and to be paid year semi annually, quarterly or monthly (for 11 months)Please fill in the above blanks
Parent/Guardian Signature Date Director Signature Date
(Rev 4/18)