



**2017 Summer Adventure
Admission Agreement**

Child(ren)'s Name and Date of Birth:

First: _____ Last: _____ DOB: _____

First: _____ Last: _____ DOB: _____

Basic Services Offered: Capo Beach Church Preschool **Summer Adventure** offers a half and full day program, and child care for children ages 2 years six months (potty trained) to 5 years of age Monday through Friday. **Summer Adventure is not available to incoming Angelfish.** Each child will receive quality care, instruction, and opportunities to play, explore, and nap in a safe and nurturing environment. A healthy mid-morning and afternoon snack will be provided for the children enrolled.

(Initials) (Initials)

Registration and Tuition: I/We understand that Capo Beach Church Preschool is a non-profit organization and the budget is projected solely on the basis of tuition and fees. I/We agree to pay the Registration Fee and Tuition as indicated below.

(Initials) (Initials)

Summer Adventure Registration Fee: \$75.00 (non-refundable) due upon enrollment.

Tuition- Tuition rates are based on a two week, four week or eight week program, two, three, or five days per week from Monday, June 12, 2016- Friday, August 4, 2017. Payment in full for the 2 week or 4 week Summer Adventure and the first payment for the 8 week session are due by Monday, June 5, 2017. The second installment for the 8 week session is due Monday, July 3, 2017. Students will not be permitted to attend Summer Adventure until tuition has been paid.

(Initials) (Initials)

Additional Activity Fees: I/We understand that there may be additional school related activities (class parties, in house field trips, etc.) throughout Summer Adventure and may require additional fees. These activities will be announced by your child(ren)'s teacher(s) in advance. Payments for said activities are due as indicated.

(Initials) (Initials)

Late Pick up Fees: I/We understand that a fee of \$15.00 per any portion of the hour will be applied for children picked up after their scheduled time. Half day students pick up time is 12:30pm and full day students pick up time is 3:00. Aftercare students must be picked up by 6:00 pm.

(Initials) (Initials)



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Daily Sign-In and Sign-Out Compliance: I/We understand that State Licensing requires the adult person dropping off and/or picking your child up from school sign the child in /or out with a FULL SIGNATURE (initials are not adequate) every day that your child is in school. Failure to comply with the requirement may result in a \$75.00 fee per incident. Chronic non-compliance may result in termination of services.

(Initials) (Initials)

Returned Check Fee: I/We understand that if for any reason a check is returned from the bank a \$25.00 fee will be applied. Furthermore, if said check is for tuition, students will be suspended from the program until payment has been received.

(Initials) (Initials)

Drop-In: I/We understand that Capo Beach Church Preschool does not allow drop-ins. If for some reason an extra day is needed outside of the child's regular schedule, the preschool Director must be contacted at least 24 hours in advance and will only be allowed if space is available between 9:00am and 3:00 pm. There will be a \$50.00 drop-in rate per day, per child.

(Initials) (Initials)

Withdrawal: I/We understand that enrollment to Capo Beach Church Preschool **Summer Adventure** requires a commitment of two, four, or eight weeks. In the case where withdrawal before the end of Summer Adventure is necessary, **no refunds will be given.**

Capo Beach Church Preschool has the right to modify the withdrawal policies if Capo Beach Church Preschool determines that the program does not meet the needs of a child and/or a child is asked to leave the school for any reason including a violation of the Parent Handbook.

(Initials) (Initials)

Modification Conditions: I/We understand that Capo Beach Church Preschool reserves the right to modify any of the conditions of this agreement upon 30 days written notice to the parent or guardian.

(Initials) (Initials)

Rights of the Licensing Agency: I/We understand that the state of California Department of Licensing Agency has inspection authority to enter and inspect a facility without advance notice. The Department has the authority to interview children or staff, and to inspect and audit child or Child Care Center records without prior consent (section 101200).

(Initials) (Initials)

Please sign the agreement on the following page



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Child's Name: _____

Name and phone number of person(s) responsible for tuition payment _____

Please circle days you are enrolling in: Mon Tue Wed Thurs Fri

Please circle which program you are enrolling in: Please note that rates listed are for the entire session that you register for.

2 Week Session	2 Days Per Week	3 Days Per Week	5 Days Per Week
Half Day 9:00-12:30	\$145.00	\$215.00	\$305.00
Full Day 9:00-3:00	\$165.00	\$245.00	\$405.00
Morning Care 7:30-9:00	\$29.00	\$41.00	\$65.00
Aftercare 3:00-6:00	\$37.00	\$48.00	\$85.00

Angelfish program is not available in the summer for new students. Angelfish program begins Tuesday, August 23, 2016.

4 Week Session	2 Day Per Week	3 Days Per Week	5 Days Per Week
Half Day 9:00-12:30	\$285.00	\$425.00	\$505.00
Full Day 9:00-3:00	\$325.00	\$485.00	\$545.00
Morning Care 7:30-9:00	\$53.00	\$77.00	\$125.00
Aftercare 3:00-6:00	\$69.00	\$101.00	\$165.00

Angelfish program is not available in the summer for new students. Angelfish program begins Tuesday, August 23, 2016.

8 Week Session	2 Days Per Week	3 Days Per Week	5 Days Per Week
Half Day 9:00-12:30	\$490.00	\$643.00	\$943.00
Full Day 9:00-3:00	\$600.00	\$771.00	\$1071.00
Morning Care 7:30-9:00	\$96.00	\$144.00	\$240.00
Aftercare 3:00-6:00	\$128.00	\$192.00	\$320.00

Angelfish program is not available in the summer for new students. Angelfish program begins

Tuition Payment Options: Payments are to be set up through bank account or credit card and collected through Tuition Express.

Please sign and return indicating that you have read, understand, and agree to all terms and conditions, policies and financial obligations set forth in the Admission Agreement of Capo Beach Church Preschool.

Parent/Guardian: Name: _____ Date _____

Parent/Guardian: Signature: _____ Date _____