



PARENTAL CONTRACT

In this contract, _____ the parents' of _____ enroll him/her at Skycrest Christian Preschool for the annual term from _____ through _____.

The purpose for this ministry is to offer parents a quality, Christ-centered preschool program to children of preschool age. Children will be encouraged to begin a life-long walk with the Lord, incorporating Biblical truths and principles in every aspect of their lives and the love of Christ that results in the gift of salvation.

The above parents understand that enrollment in this program is a privilege that may be forfeited by disregard for the policies and standard of our preschool. We agree to read and retain a copy of the Parental Policy Handbook and abide by the information contained within.

Furthermore, we state that we understand fully that the curriculum that will be taught in the preschool teaches salvation is only through the free gift of Jesus Christ, the existence of God as the only true God, as well as the fact that the Bible is the inerrant, inspired Word of God. If we do not agree with these principles being taught to our child, we will immediately withdraw from the program and receive a prorated refund of any tuition monies that have been prepaid.

We understand the Discipline Policy of the school as set forth in the handbook and agree to abide by the standards set forth through this policy. We have also received and read the brochure entitled "Know Your Child's Day Care Center" required for distribution by the Pinellas County Licensing Board.

We understand that tuition is to be paid on a weekly schedule and remain current with no outstanding balance. Payment is to be made directly to the Preschool Office. We understand that tuition is due in advance and must be made no later than one week prior to the week that the service is rendered. Your tuition account should always carry a one week credit when paid according to policy. SCP will accept bi-weekly or monthly payments in advance as well. We understand that continued failure to follow this payment plan will result in immediate termination from the program. In addition, we understand that there is a late fee of \$30 per week for late tuition payment as well as a \$40 fee for any check that is returned for insufficient funds. The school reserves the right to suspend attendance privileges until tuition is current and satisfied if the situation arises.

Due to the time and effort necessary to fully and accurately process changes in the preschool schedule, please note that there will be a required \$10 change fee per instance for any changes made to your child's attendance schedule (including aftercare).

In the event you withdraw your child from the program, you are required to give a 2-week notice in writing. If you fail to do so, you will not be entitled to receive a refund of one week's tuition.

We understand that the school will not prorate any tuition due to illness, vacation, holiday closures, etc., and the tuition acts to perpetually secure the student's seat in the program.

We are enrolling our child, _____ in the following program:

_____ Day/Week Preschool Program @	\$ _____
+ Extended Care @	\$ _____

Sub-total Weekly Tuition	\$ _____
- _____ % Discount	\$ _____ for _____

Total Weekly Tuition	\$ _____

The first payment will be due _____ and continue thereafter on the terms described above.

One Complimentary Tuition Period – Parents may choose one free period of tuition for each enrolled child. You may only choose from the following weeks: Nov. 24-28, 2014 and March 30- April 3, 2015. Please indicate your choice below:

_____ Nov. 24-28, 2014 (Thanksgiving)

_____ March 30- April 3, 2015 (Easter)

_____ Parent/Guardian _____ Date

_____ Parent/Guardian _____ Date

_____ Preschool Office

Skycrest Christian Preschool uses email as our primary form of communication. Please provide us with your current email address. Thanks for your help!

Email Address _____