



PARENT AGREEMENT

In order for our school to maintain excellence, our parents MUST be involved. You will be expected to fulfill each of the following responsibilities:

I wish to participate in the cooperative preschool. I have read and agree to the following:

1. I will participate in the school as a teacher-parent on my scheduled Parent Workdays as required. I understand that my required number of Parent Workdays is relative to how many child(ren) I have enrolled in the cooperative program. If I cannot participate or require a substitute at any time, I will arrange for a qualified and approved replacement.
2. For each child I have enrolled in the program, I will hold a board position or other parent work job as assigned and will perform the required duties as identified in the Parent Job Descriptions.
3. I will attend monthly parent education classes. If I cannot attend a meeting, I will do assigned make up work.
4. I will read and abide by the handbook, rules and bylaws of the school. I understand that this requires me to participate in the operations of the school including at least one quarterly classroom cleaning for each child I have enrolled in the program. Attendance at one of these cleanings will result in a reimbursement of the \$50 cleaning fee.
5. I will complete all required registration paperwork, immunization records, and sign an emergency medical release form.
6. I will participate in fundraising activities as described in the Fundraising Commitment.
7. I agree to pay monthly tuition for each child I have enrolled in the program whether or not my child attends every day. Monthly tuition includes the months from September through May and must be paid prior to the 10th of each month or I will incur a late fee.
8. I agree to give 30 days written notice to the Registrar or my Board Representative if I choose to withdraw my child from the preschool program. I further understand that there are absolutely no refunds for registration fees, nor will the school prorate tuition for partial month enrollment.
9. I agree to keep my child home from school if there are signs of a cold, fever (within 24 hours of scheduled class), or other communicable diseases.
10. I will complete the required health and safety orientation as well as a background check before I work in the classroom.

Please detach and save top portion for your records.

Child's Name _____ Class _____

Signed _____ Date _____

Printed Name _____