

Ziggy's Preschool Parent/Guardian Contract

15630 W. 143rd Terr Olathe, KS 66062

Hours of Operation: 7:15am to 5:45pm Monday through Friday

Infant	Full Time - \$225/wk	3 Days - \$150/wk	2 Days - \$115/wk
2 to 5 years	Full Time - \$185/wk	3 Days - \$115/wk	2 Days - \$80/wk

Youngest Child's Name:

Age:

Start Date:

Select	Program	Weekly	2 Week Deposit	Total
Full Time	Four (4) or more days per week			
Part Time Please Specify	CURRENTLY NOT AVAILABLE			

Second Child's Name:

Age:

Start Date:

Please Calculate a 10% Discount for Second Child				
Full Time	Four (4) or more days per week			
Part Time Please Specify	CURRENTLY NOT AVAILABLE			

Special payment arrangements may be made for the two week deposit on a case by case basis.

Select Payment Option

Weekly: Payment is due Friday by Pick-up for the Following Week and is payable *every week* we are open. If payment is not received by Monday at Drop Off of the following week, a **\$5 late fee per day** will be assessed.

Every 2 Weeks: Payment is due Friday by Pick-up for the Following two weeks and is payable *every other* week that we are open. If not received by Monday at Drop Off of the following week, a **\$5 late fee per day** will be assessed.

Monthly: Payment is due on the last business day of each month for the following month. This option allows for you to receive any additional days over four (4) weeks free. If not received by the first business day of the following month, a **\$10 late fee per day** will be assessed.

You may pay Cash, Check or Money Order (please make checks payable to Lisa Roehrl) and Gifting, E-check or Credit Card through PayPal (fees may apply)

The following items must be provided for each child on or before the first day of attendance

*Indicates forms that may be transferred from previous childcare or preschool

First Payment and 2 Week Deposit	Infant Safe Sleep Policy Contract – If Needed
Parent/Guardian Contract	Baby Food – If Needed
Child Information Form	Breast Milk or Formula and Bottles – If Needed
Authorization for Emergency Medical Care	Special Medications and Medical Equipment - If Needed
Medical Record *	Medications: Ibuprofen, acetaminophen, etc.
Child's Health Assessment *	Brush or Comb and Hairbands for Long Hair, if needed
History of Immunizations Record *	Change of Clothing to leave here
Authorization for Dispensing Medication	JUMBO Bag of Wipes
Important Legal Documents - If Needed	Other:
Additional Medical Documents - If Needed	

IMPORTANT: Any time there is a change to the information provided on the forms, it must be communicated to the provider immediately so that current information is always on file. This insures the security of your child. You will also be asked periodically for updates as well.

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PARENT HANDBOOK ACKNOWLEDGEMENT

☐ Yes, I have READ and UNDERSTAND the POLICIES in the Parent Handbook.

If you have Questions or Exceptions, Please Explain:

PHOTO and VIDEO RELEASE AUTHORIZATION:

☐ Yes, You MAY use photos/videos of my child(ren) ☐ Please DO NOT use photos/videos of my child.

ANNUAL PARENT HANDBOOK AND PARENT/GUARDIAN CONTRACT REVIEW

Each year at the beginning of each school year, there will be a review of both the Parent Handbook and the Contract. At this time any Tuition changes, Policy changes, etc. will be made and new Contracts will be available for Signatures.

All Parties to this contract agree that all information provided herein is true to the best of our knowledge and we will inform the Parent/Guardian or Provider, in writing, if any of the information provided herein changes.

All Parties agree that all information regarding the Child, their Parents/Guardians, their family and the License Holder, License Holder's Family, Staff, Staff's Family, Assistants or Substitutes is to remain confidential whether business or personal in nature.

By signing this contract, we are showing that we have discussed with Parents/Guardians and the License Holder the Ziggy's Preschool Parent Handbook and this contract, had our questions answered, understand the terms, and agree to be bound by them and have received a copy of the Parent Handbook and this Signed Contract.

Parent/Legal Guardian Signature	Date
Please Print Name	Relationship to Child
Parent/Legal Guardian Signature	Date
Please Print Name	Relationship to Child
Provider Signature	Date
Please Print Name Lisa M. Roehrl	License Number 50720

Provider Notes Only: