

**Bakersfield Adventist Academy Preschool
3333 Bernard Street, Bakersfield, CA 93306
Preschool Admission Agreement**

Please check one or both sessions:

- School Year: August ____, 2018 to June ____, 2019
- Summer Program: June ____, 2018 to August ____, 2019

Child's Full Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Cell Phone _____

Work Phone _____ Email Address _____

Physical Address _____

Street City State Zip Code

Mailing Address (if different than physical address above)

Street City State Zip Code

Contracted Hours

Monday: From ____ to ____ **Tuesday:** From ____ to ____ **Wednesday:** From ____ to ____
Thursday: From ____ to ____ **Friday:** From ____ to ____ **Weekly Schedule:** _____ Days
 FT/PT

Services

- Provide a Christian curriculum
- Provide child care services to students/children aged 3 to 5 years that are potty trained
- Provide a nurturing and safe environment for students
- Provide qualified staff that are CPR and First Aid certified
- Provide nutritional lunch and snacks mid-morning and mid-afternoon
- Prepare students academically for Kindergarten
- Provide quality time outdoors to promote healthy students

The following are reason for termination from the program

- Child's immunizations are not kept up to date
- Proof of current physical examination is not on file
- Child is absent more than ten days without notification from the family
- Child is in danger of harming himself/herself, adults or other children in the program

Tuition Rates

Hours	Monthly	Weekly	Daily	Hourly
Full time 6+ hours per day	\$550	\$140.00	\$28.00	N/A
Half Time	\$400	\$100.00	\$20.00	\$3.75

Enrollment/Entrance Fee

The first month’s tuition plus an entrance fee of \$200 is due at registration.

Refund Policy

The entrance fee is not refundable. Tuition is refundable on a prorated basis from the date written notice of withdrawal notice is received.

Financial Agreement

Tuition late fees are charged after the 5th school day of the month at 5% with a 10% charge after the 15th day of the month, unless prior arrangements are made with the director. Fees owing after the 15th of the month will make it necessary to ask the child to leave the program until the account is cleared.

Tuition credit for missing weeks will be as follows: When a child misses two consecutive weeks (calendar weeks, M-F of the program, a tuition credit /refund for the second week missed will be applied to the following month’s tuition payment (excluding holidays/scheduled closures). We do not provide daily credit or make-up days.

Parents will be notified 30 days in advance if there is a change in tuition rates.

**Your tuition at the beginning of the month reserves a space in our school for your child. Another child cannot use your space when your child has an unscheduled absence. Because we have already planned for the care of your child in our monthly budget, we cannot credit you for short-term absences. The exception to the rule is vacations (arranged with the director at least one week in advance) or long-term illness of more than one week. A child’s account will be credited when two full weeks are missed consecutively and the account is current. The second week will be credited according to the tuition plan. This policy is in effect for both vacations and illnesses. We do not provide daily credit or make-up days.

Late Pickups will be charged at the time of pickup at the following rates daily:

5 minutes	\$ 5.00
10 minutes	\$10.00
15 minutes	\$20.00

** After 15 minutes, \$20.00 plus \$1.00 for each additional minute.

I hereby enroll my child _____ in the BAAP program until notification of withdrawal. I agree to pay in accordance with agreement noted above and will follow the schedule with payment due on the first day of each moth. BAAP will be notified 30 days in advance in writing if withdrawing my child from the program.

I understand that BAAP is monitored by Child Care Licensing and is subject to inspections and student interviews without prior notice (CCR Title 22 101200). The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. The Department has the authority to interview children or staff without prior consent.

I have read and understand the policies of BAAP and agree to be governed by them until the end of the contracted period.

Signature of Parent/Guardian

Date

Signature of Authorized Staff Representative

Date