

Registration Agreements

River Oak Preschool – Field Trip Permission Form

I understand the Preschool will take a number of field trips during the coming year and I will be notified in advance of the date, time and place on each occasion. This is to certify that _____

(child's name)

has my permission to go on these trips under the supervision of the Preschool Staff and parent volunteers. I agree that River Oak Preschool will not be held responsible in case of accident. If I am unable to drive my child, I will arrange for another parent to transport him/her. I will be responsible for installation of a car seat for my child in the driver's car.

Date

Parent's Signature

Tuition Policy

Having been advised of the monthly tuition assessed for my child to attend River Oak Preschool, I hereby accept the financial responsibility and agree to deliver the tuition to ROP by the first day of each month. Payment by check or money order is preferred. I understand that I will be notified if my tuition check has not been received by the 15th day of the month. I understand there is a \$25.00 fee for returned checks. I understand that withdrawal of the child will result if tuition has not been received by the last day of the month.

Parent Signature _____ Date _____

Withdrawal Policy

If withdrawal becomes necessary, I agree to provide written notification to the school's Director 30 days prior to the first day of the month in which withdrawal occurs. Should I fail to comply with these guidelines, I agree to pay the tuition monthly until written notice of the withdrawal has been received by the Director according to the tuition policy.

Parent Signature _____ Date _____

Ill Child Agreement

River Oak Church Preschool agrees to notify the parent whenever his/her child becomes ill. The parent agrees to pick up the child or make arrangements for the child to be picked up within 30 minutes.

Parent Signature _____ Date _____

Emergency Medical Treatment Release Form

Should an accident or illness occur necessitating medical treatment for my child, this document shall serve as my authorization for the emergency care physician, dentist, or other medical provider to administer treatment that is appropriate. Furthermore, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

Parent Signature _____ Date _____

Insurance Carrier _____

Policy Number _____

Doctor's Name _____

Phone Number _____