

Connections Preschool
Tuition and Tardy Policy Agreements

Tuition Policy

Please refer to the current registration information for tuition rates.

Tuition is due by the 1st of each month beginning in September and ending in May. Late fees apply after the 10th of each month.

Tuition can be paid online or by check.

To pay online, visit foresthills.org/give ; choose the "Connections Preschool" option and in the memo field type "Tuition".

To pay by check, make the check out to Forest Hills Baptist Church and write "Connections Preschool" on the memo line. Checks can be dropped off at the preschool office or mailed to Connections Preschool, Forest Hills Baptist Church, 201 Dixie Trail, Raleigh, NC 27607.

Each payment MUST be paid even if the child is absent any part of the month. A month's notice is also required if a child is withdrawing. Tuition is due for the entire nine month period unless the position can be filled from the waiting list.

Tuition is a set amount divided equally throughout the nine month period.

My child is enrolling in _____(class), at \$ _____per month.

Tardy Policy

Pick-up of children at stated departure time is important not only for your child but also for the daily schedule of the school. Teachers have scheduled work time after the departure of the children. They must clean up, set up for the next day and spend some time in planning before their work ends for the day. Failure of parents to pick up their children on time causes an unnecessary hardship on the teachers. Parents who have not picked up their child by 12:10pm will be considered tardy. A tardy fee of \$10.00 will be imposed for each 10 minute period thereafter. This applies to Lunch Bunch as well. This fee is due the next scheduled day of school for your child. Failure to pay the tardy fee by the next month's tuition draft will result in a consultation with the director. Extenuating circumstances need to be communicated to the preschool director immediately.

I understand and agree to the terms of both the tuition and tardy policies:

Child's Name _____

Class _____

Signed _____ Date _____

Connections Preschool Guidance Policy

Someone once said, "Discipline is the gift of responsible love." When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. They learn to take responsibility for their own behavior. Based on this belief of how children learn and develop values, Connections Preschool will practice the following discipline and guidance policy:

We Do

1. Praise, reward, and encourage the children.
2. Reason with, and set limits for the children, and give gentle reminders.
3. Model appropriate behavior for the children.
4. Modify the classroom environment in order to anticipate trouble and motivate productive behavior.
5. Listen to the children.
6. Provide alternatives for inappropriate behavior.
7. Provide the children with natural and logical consequences of their behavior.
8. Treat each child as a person and respect his/her needs, desires, and feelings.
9. Overlook small annoyances.
10. Explain things to the children on their level.
11. Use short supervised periods of "time out" or "renewal time". This would only be used when the child is feeling out of control and needs help calming down and focusing. A teacher is always nearby.
12. Inject humor, without humiliating.
13. Stay consistent in our behavior, guidance, and discipline.

We Do Not

1. Spank, shake, bite, pinch, push, pull, slap, or physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Relate guidance to eating, resting, or sleeping.
5. Deny food or rest as a punishment.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children, their families or ethnic group.

I (We) understand and accept the guidance policy of the Connection Preschool.

Signed _____ Date _____

**Connections Preschool
Physician's Statement**

THIS FORM IS TO BE FILLED OUT COMPLETELY BY THE HEALTH CARE PROFESSIONAL. Attach a copy of the child's immunization record and any explanation, if needed, concerning these immunizations. Each child must be up to date with the DTP, polio, HbPV, or HiB, MMR to be admitted.

(Child's Name) _____

whose date of birth is _____

has been enrolled in our school. Classes meet from two to five times weekly from 9:00 am to 12:00 pm or 1:00pm. The groups range in teacher: child ratio from 2:6 to 2:12 (depending on the age of the child), under the supervision of a professional teacher and assistant(s). The daily program involves both quiet indoor play and vigorous outdoor play, including the use of climbing equipment. A snack is served, usually water, fruit, cheese, and/or crackers.

Does this child have any physical condition that we should be aware of?

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school?

In your opinion, is this child physically and emotionally able to participate in a preschool program like the one described above?

Date of most recent examination _____

Physician's Signature _____

Physician's Name _____

Name of practice _____

Telephone Number _____

Assisting Nurse _____

Connections Preschool
Permission to Participate in School Activities and
Receive Emergency Care Form

I hereby grant permission for my child, _____ to use all of the play equipment and participate in all of the activities of Connections Preschool at Forest Hills Baptist Church, Raleigh, NC.

I grant permission for my child to leave the school premises under the supervision of staff members for announced field trips in parent cars.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps will include:

1. Call an ambulance.
2. Attempt to contact a parent or guardian.
3. Attempt to contact emergency names you provided.
4. Have the child taken to a hospital emergency room in the company of the Director or another staff member.
5. Attempt to contact child's physician.

Any expenses incurred for the items listed above will be borne by the child's family.

Signed _____ Date _____
(Parent or Guardian)

**Connections Preschool
Emergency Information**

Child's Name _____ Goes by _____

Birth Date _____

Male parent/Guardian _____

Employment _____

Home phone _____ Work Phone _____ Cell _____

Female parent/Guardian _____

Employment _____

Home phone _____ Work Phone _____ Cell _____

Physician _____ Phone Number _____

Hospital Preferred _____

Medical Insurance Company/Policy Number _____

Allergies _____

Medication(s) taken regularly _____

Other information you would like to include _____

Emergency contact 1(other than parent) _____

Relationship to child _____ Phone _____

Emergency contact 2(other than parent) _____

Relationship to child _____ Phone _____

Emergency contact 3(other than parent) _____

Relationship to child _____ Phone _____

Signed _____ Date _____

**Connections Preschool
Permissions Form**

Please fill in your child's name and circle 'yes" or no" to indicate your permission on the following items:

Photo Release

I give permission for _____ to be included in group photos taken at school or on field trips to be used on our website/literature/social media, for the purpose of promoting the Connections Preschool Program, or to decorate our school bulletin boards. No names or other identification will be shown.

Yes No

Sunscreen

I give permission for the staff of Connections Preschool to apply/reapply sunscreen to my child, _____ when they deem it appropriate for the health and safety of my child. Feel free to provide your own sunscreen of choice.

Yes No

First Aid

I give permission for _____ to receive basic first aid for minor skin injuries.

Yes No

Connections Preschool Address List

I give permission for Connections Preschool to add my name, address, phone number and email address to the school address list. This is for the purpose of communication among the parents and teachers and will not be distributed outside Connections Preschool.

Yes No

Parent Handbook

I WILL read and become familiar with the Connections Preschool Parent Handbook. (A current copy will be handed out at Parent Orientation). I agree to abide by the policies outlined in the handbook.

Yes No

Signed _____ Date _____
(Parent or Guardian)