Policies, Understandings, and Agreements

Child's Name: ___________________________  Parent's name: ___________________________

Please initial after each of the following sections to indicate your understanding of, and agreement with, ASU Mary Lou Fulton Teachers College Preschool Policies.

Payment of Tuition

I understand that tuition is paid one month in advance and is due the first school day of each month. Tuition is considered overdue after one week and I will be charged a $35 late fee. When payment is more than two weeks late I will be charged a $100 late fee. Should tuition become one month delinquent, I understand that my child will not be able to attend until tuition is paid. If the Mary Lou Fulton Teachers College Preschool finds it necessary to submit my account for collections and or legal action, I understand that all additional costs will be added to my/our balance and I agree to pay all additional costs. I understand that tuition payments are nonrefundable.

___________initials

Toilet Training

The ASU Mary Lou Fulton Teachers College is only licensed for children who are toilet trained (except for special needs). I understand that if my child has frequent ‘accidents’ my child’s teacher will work with me to develop a plan to decrease these. If this does not help I understand that my child will be temporarily removed from the program and placed first on a waiting list until he/she is potty trained and space is available. There will be no additional registration fee. Paid tuition will be prorated.

___________initials

Immunization/Emergency Requirements

The Department of Health Services requires each child to:

- Have proof of current immunization prior to the first day of class
- Have a completed emergency form on file with the preschool (updated as needed)
  - Note: Hepatitis A and Varicella vaccines are required in Maricopa County

___________initials

Child Release Policy

I understand that any person who picks my child up from school MUST be listed on their emergency form and I must provide prior notice to the school that this person will pick up that day. I understand that the school will not release my child to anyone who is NOT listed on my child’s emergency form and that everyone must show proper picture identification (a driver’s license is best) before the school will release my child. See DHS Required Password section for release in extreme circumstances.

___________initials
Illness

For the health and safety of my child and other children and staff, I understand that my child will be sent home if she/he shows any signs of illness. If my child is sent home ill, a doctor’s note may be needed for my child to return to preschool. If in doubt whether your child is ill, please keep him/her at home.

__________ initials

Late Policy

Preschool children become very anxious if someone is not there to pick them up on time. Please pick up your child on time. A fee of $1.00 per minute will be assessed for late pick up payable immediately. If you have an emergency and are going to be late, please call the office at 480-965-9396. After 15 minutes if you have not called the preschool to say that you are running late, one of your emergency contacts will be notified to pick up your child. A child left longer than one hour is considered “abandoned” by Child Protective Services. The ASU DPS will be notified. Consistent late pick-up may result in your child being dismissed from the preschool.

__________ initials

Withdrawal

I understand a 30 day written notice is required before a student is withdrawn from the program. I will complete the Student Information Change form indicating the date of the notice and my child’s last day of school. The last tuition payment is due at the time of the written notice. I understand that “30 days” represents four weeks tuition. I understand tuition is not prorated for partial weeks so I will count four calendar weeks for my notice.

__________ initials

Medications:

Our staff will only administer any type of medication when medically necessary during the time your child is at school. You must fill out a medical consent form before medication can be administered. Over the counter medications and prescription medications must be in the original container with a note from your child’s doctor along with the original prescription and specific instructions. If your child takes two or three doses of medication daily, please give the medication to your child at home before and after school.

__________ initials

Lunches

Children’s lunches are the responsibility of parents and need to adhere to the nutritional guidelines listed in the Parent Handbook. If you forget to send lunch with your child and cannot bring it by the school please call to let us know and we will provide a nutritious snack in place of lunch that day.

__________ initials

Curriculum & Philosophy

I have read and understood the section related to Curriculum & Philosophy in the Parent Handbook that has been provided to me.

__________ initials

Parking

I understand that I should park my car in the designated parking spots in front of the Community Services Building and walk my child in to class for drop off and to pick my child up from school.
**Class Roster Permission Slip**

ASU Mary Lou Fulton Teachers College Preschool has my permission to include my name, address and phone number in the school roster. I understand that the roster will be distributed to all families at the Preschool.

_________ initials

**Sunscreen Application**

ASU Mary Lou Fulton Teachers College Preschool has my permission to apply sunscreen to my child. If my child has any sunscreen allergies I have noted them on the allergy form.

_________ initials

**News Media Permission**

I give permission for my child to be photographed or interviewed by representatives of ASU and other news media. We will always inform parents of these events. I understand that the preschool will exercise discretion regarding any media contact and if other news media wish to use a picture of my child, the Preschool will obtain my written permission before doing so.

_________ initials

**Web Page Permission**

I give permission for my child’s photograph to be posted on the ASU Mary Lou Fulton Teachers College Preschool web page. I understand that the ASU Mary Lou Fulton Teachers College Preschool will exercise discretion regarding the photos and will not include names of children. The web page address is [http://education.asu.edu/about/tc-preschool](http://education.asu.edu/about/tc-preschool)

_________ initials

**Department of Health Services Required Password**

The AZ Department of Health Services requires that we have a means of identifying you over the telephone in the event that you call to authorize a person not currently on your emergency card to pick up your child. This will be available only in extreme circumstances. To identify you over the phone we will ask for your password. **You do not need to give this password to the person picking up your child - it is for office use only to identify you over the phone.** We suggest that you select something that will be easy to remember but not common for others who know your family well. This password needs to be known by both parents if they are both responsible for making such decisions.

Print your name: __________________________________________________________

Print your child’s name: ____________________________________________________

Print your password: ______________________________________________________

I have read this entire document and the Mary Lou Fulton Teachers College Parent Handbook. My initials in this document signify that I agree to these policies and procedures.

_________________________________________  ________________________________

Signature of Parent/Guardian Date

**School Contact Information**

200 E. Curry Rd. Suite 146  
Office: (480) 965-9396

P.O. Box 871908  
Fax: (480) 965-0965

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http://education.asu.edu/about/tc-presc