

# Methodist Preschool Parent Agreement for CCS Compliance

Please initial each line:

\_\_\_\_\_ I understand that I must sign in and out of the designated CCS tablet each day.

\_\_\_\_\_ I understand that if my child(ren) misses 5 or more days per month that Methodist Preschool is required to report attendance records to CCS, and I risk losing financial benefits.

\_\_\_\_\_ I understand that the parent portion of my tuition, if applicable, is due by the 1st of each month and subject to a \$40 late fee, which I am responsible for, if not paid by the 5th.

\_\_\_\_\_ I understand that I am responsible for any charges incurred due to late pick-up.

\_\_\_\_\_ I understand that I am responsible for annual registration and bi-annual supply fees.

\_\_\_\_\_ I have listed an emergency contact on ProCare who is not a parent and can pick-up due to illness or emergency within 30 minutes if necessary. I understand if my child is not picked up, I am responsible for the \$25/half hour fee to be assessed.

\_\_\_\_\_ I understand that I must inform Methodist Preschool of any changes to my CCS benefits, including termination, within 24 hours.

\_\_\_\_\_ I understand that I will be held financially responsible for tuition immediately upon the termination of my CCS benefits, or I must disenroll my child(ren).

By signing below, I accept financial responsibility for any charges outside of my tuition agreement with CCS.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child(ren)'s Name(s)