



OPA I _____
 1890 MARS HILL ROAD
 WATKINSVILLE, GA 30677
 (706) 769-KIDS (5437)

OPA II _____
 1420 GREENSBORO HIGHWAY
 WATKINSVILLE, GA 30677
 (706) 769-CARE (2273)

PARENTAL AGREEMENT AND CONTRACT

1. Child(ren) Enrolled:

Child's Name _____ Date of Birth _____ Age _____

Second Child _____ Date of Birth _____ Age _____

Third Child _____ Date of Birth _____ Age _____

2. Services Provided:

- a. Oconee Preschool Academy, Inc. agrees to provide quality child care and preschool for _____ on _____ from _____ (Child(ren)'s Names) (days of week) _____ a.m. to _____ p.m. from January through December.
- b. I agree that the tuition fee(s) is \$ _____ per _____, **due and payable** (week) **every Friday** in advance of care. If the fee(s) is not paid by **Monday 9:00 a.m.**, a late fee of **\$5.00/day per child** will be charged and is due on **Monday by 6:00 p.m.**
- c. I understand that weekly tuition fees are due regardless of absences due to sickness, holidays, vacations, etc.
- d. If I am late picking up my child(ren), a charge of **\$2.00/minute per child** is due and payable when I arrive at the preschool.
- e. I also agree to give a **two weeks** notice in writing to the director of terminating child care/preschool for my child(ren). **Two weeks** fee is required and eligible vacation may not be taken.
- f. My child(ren) will participate in the following meal plan: (place check mark)
 _____ Breakfast _____ Lunch _____ Afternoon Snack

(complete reverse side)

3. Health and Safety:

- a. My child will not be allowed to enter or leave the preschool without being escorted by the parent(s), person authorized by parent(s), or preschool personnel.
- b. I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child’s physician, child’s health status, infant feeding plans and immunization records, etc.
- c. Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of child, date, name of medication, prescription number, if any; dosage and date and time of day medication is to be given. Medicine will be in the original container with my child’s name marked on it.
- d. The preschool agrees to keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc., which include my child.
- e. Oconee Preschool Academy, Inc. agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the preschool, and water-related activities occurring in water over two (2) feet deep.

I have received a copy and agree to abide by the policies and procedures of Oconee Preschool Academy, Inc.

Signed _____
Parent/Legal Guardian

Date _____

Signed _____
Director/Assistant Director
Oconee Preschool Academy, Inc.

Date _____