



Grove Preschool

12300 County Line Rd.

Madison, AL 35756

www.GrovePreschool.com

PARENT CONTRACT

Tuition payments are due the first of the month. August and January payments will be due the 1st day that school starts. I understand that if my payment is not made by the 5th of each month there will be a \$25.00 late fee. If my payment is not made by the 10th of each month, then my child may be dropped from the program for non-payment of tuition. If I want to enroll my child back into the program then I will have to pay another \$75.00 registration fee.

I understand that there is no refund if my child is out due to illness, vacation, or any other reason.

I/We as parent/parents acknowledge that in order to serve as Helping Parent in the classroom that we have never been charged or convicted of child abuse, sexual abuse of a child, or child neglect.

I _____ parent of _____
Print name print name

Understand and agree to the terms of Grove Preschool's policy.

_____ Date _____
Mother's signature

_____ Date _____
Father's signature

AUTHORIZATION TO PROVIDE EMERGENCY CARE

In case of accident or serious illness, and neither guardian can be reached, I authorize Grove Preschool to contact my child's physician and/or emergency medical services for transport for medical treatment. I further relinquish all claims against Grove Preschool, teachers and any interested parties for any accidents. I agree to pay any and all expenses obtained as a result.

Child's physician _____ Phone number _____

Insurance _____ Policy Number _____

_____ Date _____
Parent's signature

