2026-2027
NORTH COTTONWOOD PRESCHOOL
19920 Gas Point Rd.
Cottonwood, CA 96022
530-347-1698
License #455407548
3 to 5 years (potty-trained)



Program	Times	Monthly Fee	
		5 days	3 days
5 or 3 Full Day	7:00 a.m. – 4:00 p.m.	$800	$600
5 ½ Days	7:00 a.m. – 11:30	$700	

Orientation- There is a **mandatory** orientation **August 10, 2026 at 6:00pm** in room 205, for all enrollments. A parent/guardian must attend the orientation in order for students to start the program. This is a parent-focused meeting, **no** children please.

Enrollment – Registration is due 7 days prior to your child's start week.

Registration Fee – New participant registration fee is $75. For continuing children, there is an annual re-enrollment fee of $50 due August 1st (or at time of registration for late enrollments). Registration fees are non-refundable.

Monthly Tuition - Monthly payments are divided evenly over the school year. Children enrolling mid-month will be prorated. All payments are drafted from a Credit or Checking/Debit Card account the on 5th of each month. A processing fee from Brightwheel will be charged to the monthly amount. The fee to process (as of the date this was written) **a credit card is 2.95%** of the tuition. The fee to process a **debit/ checking account is .6%**. There is no refund for non-attendance, cancellations, or mandated closures beyond school or district control. There is a 30-day notice required for all cancellations/ changes.

Full Year Program – North Cottonwood Preschool is open year-round, and will be closed school holidays—Labor Day, Veteran's Day, Thanksgiving Break, Winter Break, Martin Luther King Day, Presidents Week (February), Spring Break and Memorial Day. The Summer program will run, if there is sufficient enrollment; to be determined after the winter break. The preschool is closed two weeks in August prior to the beginning of the new school year. The school year begins in August.

Extra Day – Adding an extra day to contracted schedule is $75 per day. Payments are due the same day care occurs and must be paid using payment information on file. Extra Day Care is for limited use, requires a 24-hour notice, and is only available as enrollment allows.

WOTTONWOOD
Union School District
Every Student ▲ Every Day

PRESCHOOL ENROLLMENT FORM

Today's Date: ____/____/____ **School Year: 2026-2027**

Participant's Information

Child's Last Name: _____ First Name: _____ Mid. Intl: _____

DOB: _____/_____/_____ Gender: ___M ___F Parent's Cell(s) # to be used to enroll in the **BRIGHTWHEEL** program

Phone to call 1st _____ Phone to call 2nd _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Enrollment Information

___ New/ Re-Enrollment Start Date ____/____/____ School: **North Cottonwood Preschool**

Please Indicate Days Needed: (3 or 5 full day option)

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Flexible

5 ½ Day Option (7a.m. -11:30 a.m.): ____

Fees and Dues

Monthly Recurring Fees

Standard Monthly Fee: $_____

Processing Fee: $_____

Sibling Discount: $_____

Employee Discount: $_____

Initial Payment

Registration Fee: $_____

Processing Fee: $_____

First Month Fee: $_____

Total: $_____

Agreement- Please Initial

_____ 1. I have received and understand the Cottonwood Union School Districts Parent's Manual and the current school year rate sheet.

_____ 2. There will be no refund of fees for non-attendance, cancellation, or mandated closures beyond district control.

_____ 3. Changes in schedule will be permitted as space allows. All changes require 30 days' written notice

_____ 4. CWUSD can terminate this agreement if the parent or child becomes disruptive to the center or if, in the opinion of the Site Director, the child does not progress well in our environment.

_____ 5. I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

_____ 6. While participating in the North Cottonwood Preschool, CWUSD has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____ Date: ____/____/____

Site Use Only	Business Office Use Only
Accepted by: _____	Entered By: _____

N
W COTTONWOOD
Union School District
Every Student ▲ Every Day

PAYMENT AGREEMENT FORM

Participant's Information

Child's Last Name:_____ First Name:_____

Billing Information (this person MUST sign this form below)

Last Name: _____ First Name: _____ Parent's Date of Birth: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Email: _____

Employer: _____ Work/Cell Phone: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Once enrolled you will be given a code to create an account to represent your child. You will use this account to set up a payment authorization for BRIGHTWHEEL to automatically draft the monthly tuition fee from your bank account.

PAYMENT Authorization

I authorize a payment in the amount of $_____ (see monthly total on Enrollment Form) **PLUS** the processing fee of $_____ (2.95% for credit card or .6% for checking/debit card, cost at the time this was written) For a total of $_____ on the 5th day of each month. The draft will occur monthly until contract is expired or terminated in writing. A minimum of 30 days' notice is required.

Agreement- PLEASE INITIAL

_____ 1. Monthly payments will be drafted on the 5th of each month by the Brightwheel System. If payment is not received by the 10th day of care the child will no longer be allowed to participate in the program until fees are paid in full. Brightwheel does charge a processing fee; amount is determined by payment method.

_____ 2. Payments not honored by the bank for any reason (including returned check, NSF, closed account, invalid expiration date, referral) will incur a **returned payment fee of $20**. This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted- NO LATER than the 10th day of the month.

_____ 3. Two or more returned drafts in a year may result in termination from the program or require payment in full for the remainder of the year.

_____ 4. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 30 days written notice required for all cancellations and changes.

_____ 5. The Cottonwood Union School District will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

I HAVE CAREFULLY READ THE ABOVE BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.

Signature: _____ **Date:** _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

North Cottonwood Preschool
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____
NAME

. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
DINNER

ANY FOOD DISLIKES?

ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S). ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

North Cottonwood Preschool . This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☑ Physician ☑ Physician's Assistant ☑ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Department of Social Services, Community Care Licensing

   Licensing Office Address: 520 Cohasset Rd., Suite 170 Chico, Ca, 95926

   Licensing Office Telephone #: 530-895-5033

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: ***CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

North Cottonwood Preschool
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Department Of Social Services, Community Care Licensing

NAME

520 Cohassett Rd., Suite 170

ADDRESS

Chico

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
California	95926	1-530-895-5033

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

North Cottonwood Preschool

1) There is an annual, non-refundable registration fee for all **new** children ($75) and **re-enrolling** children ($50), due at time of registration.
2) There is a 3-day minimum charge per week. You may choose a 3 or 5 full day or 5- ½ day contracted schedule, Monday through Friday. A three-day schedule is available to open days. Monthly fees apply regardless of absences, illness, vacation, mandated closures beyond district control, etc.
3) There will be no refund of fees for non-attendance or cancellations. There is a minimum **30-day notice** required for all cancellations and changes. All schedule changes are required to be documented on the Child Care Adjustment/Cancellation form. Without a written notice of withdrawal, you will be financially responsible for all fees.
4) Cottonwood School District has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and attorney's fees.
5) Debit Card or Credit Card automatic drafts are required for **tuition** and **processing fees**. Payments not honored by the bank for **any** reason, (including NSF, closed accounts, invalid expiration date) will incur a returned payment fee of $20.00. This is in addition to any fees charged by the bank.
6) Monthly payments will be drafted on the 5th of month. If payment is not received by the 10th day of care the child will no longer be allowed to participate in the program until the fees are paid in full.
7) Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the year.
8) Year-end tax notices are available upon request.
9) Cottonwood School District reserves the right to adjust fees at any time with a 30-day advance notice to program participants.
10) **I understand that failure to adhere to these conditions will jeopardize continued participation in the program.**

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Cottonwood Union School District (CWUSD) and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by attending CWUSD. I take full responsibility for the welfare and safety of my minor children, during their time at CWUSD activities. I also agree to abide by the rules of CWUSD in regard to my child being in their program. CWUSD reserves the right to dismiss a child for continual behavioral problems. In case of accident or illness, the CWUSD has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release CWUSD from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from attending CWUSD. I consent to be photographed and to allow the CWUSD to use photos taken of me and/or my minor children for promotional purposes.

I have received and understand the North Cottonwood Preschool Parent's Manual and the current rate sheet.

_____
Child's Name

_____ _____
Parent or Guardian Signature Date

_____ _____
Preschool Director Signature Date

North Cottonwood Preschool

1. Parents are required to walk their children into the classroom and sign them in upon arrival. Identification will be required to sign the child out upon leaving.
2. Individuals picking children up must be on the emergency contact form, be 18 years of age and have photo ID. NC Preschool is not able to determine who is or is not allowed to pick up, those listed at the time of enrollment on the Identification and Emergency Pick up form will be allowed to pick up with proper ID. Only court documents can determine if someone listed on the pick-up list is NOT allowed to pick up.
3. The preschool closes promptly at 4 pm. There will be a late pick up fee for children who are picked up late $30.00 flat rate plus $1.00 per minute. In the event we cannot reach an authorized person to pick your child up by 5:30, the Shasta County Child Protection Agency will be called.
4. Late pick up policy first offense verbal warning, second offense written warning, and third offense child will be terminated from the program.
5. Medications can only be given with specific written instructions from physician. Directions on the bottle must include dosage, times and dates medication is to be administered.
6. The preschool staff will act accordingly to their best judgement in an emergency requiring medical care. Parents will be notified immediately and are responsible for cost of medical care.
7. If deemed necessary for the safety of your child and/or others, certified preschool staff have permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
8. Morning and afternoon snacks are provided daily. Children must bring a lunch from home. Cafeteria lunch is not provided.
9. North Cottonwood administration and/or preschool director can terminate this agreement if the parents or child becomes disruptive to the program.
10. Parents Rights and Personal Rights are located in the parent handbook.
11. The Department of Social Services, Community Care Licensing shall have the authority to interview children, or staff, and to inspect or audit child or facility records without prior notice.
12. **I understand that failure to adhere to these conditions will jeopardize continued participation in the North Cottonwood Preschool program.**

_____

Child's Name

_____ _____

Parent or Guardian Signature Date

_____ _____

Preschool Director Signature Date