

CHERRY LANE PRESCHOOL

Parent's Agreement

1. PRE-AUTHORIZED PAYMENTS

I agree to submit for the September to June school year:

pre-authorized monthly payments

one lump sum payment

I understand there will be NO REFUND on monthly fees or any portion regardless of sickness, school holidays or family vacations.

2. CANCELTATION / WITHDRAWAL NOTICE

I agree to give one full month (30 days) notice of cancellation / withdrawal of my child from preschool

I will notify Regent Christian Academy / Cherry Lane Preschool to stop payments.

4. MEDICAL EMERGENCY

I give permission to have my child treated by a physician for medical or surgical care and to be transported to the nearest emergency service by ambulance or the staff, if an unexpected emergency arises.

I acknowledge the payment of ambulance fee is my (parent's) responsibility.

5. I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN THE FOLLOWING:

Field trips, nature walks

General health check by the public health unit

Class photographs

Written observation or pictures by students enrolled in Early Childhood Education programs.

I HAVE READ AND UNDERSTOOD THE ABOVE 5 ITEMS:

PARENT SIGNATURE

DATE