

Helping Hands Christian Preschool

CHURCH OF CHRIST 5050 Hiller Lane, Martinez, CA 94553 Lic#070213854 hhcpmartinez.org

Phone: 925-229-2975 email: hhcpcelia@gmail.com

2025-2026 ADMISSION AGREEMENT

All information is confidential and will not be used as a means for discrimination. Please print legibly.

Child's Legal Name: (first) _____ (middle) _____ (last) _____

Date of Birth ____/____/____ Gender _____ Phone # _____

Language(s) spoken at home _____

Ethnicity/Race _____

Parent(s)/Authorized adult representative(s) _____

Sibling(s) & Age(s) _____

Street Address _____ City & ZIP Code _____

E-mail Address _____

The church of Christ at Martinez sponsors Helping Hands Christian Preschool. The preschool offers a morning program for one to four mornings per week to children aged two (2) years to first-grade entry (TK/Kindergarten curriculum is not offered). A nutritious mid-morning snack is served. See calendar.

Session availability is contingent upon enrollment. The Parent/Authorized adult representative agrees that s/he is contracting for the services indicated below and will pay the stipulated rate.

REGISTRATION FEE

An initial registration fee of \$125 per family for the first child and \$50 per additional child (sibling) is due at the time of enrollment and is **NOT** refundable. This annual fee reserves your child's place in our program each fall and covers the expenses of record keeping.

TUITION

<u>DAYS</u>	<u>HOURS</u>	<u>RATE</u>
4 Days / Week	8:30am to 12:00 noon	\$640 monthly
3 Days / Week	8:30am to 12:00 noon	\$480 monthly
2 Days / Week	8:30am to 12:00 noon	\$320 monthly
1 Day / Week	8:30am to 12:00 noon	\$160 monthly

Your child's schedule for the school year, as space allows and approved by the Director:

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

BASIC SERVICES

The Parent/Authorized adult representative agrees that they have received and read Helping Hands Christian Preschool's current Parent Handbook and agrees to all the preschool's operating policies and procedures as described therein.

INCIDENTAL MEDICAL SERVICES

The staff of Helping Hands Christian Preschool will only administer specific types of prescription medications while a child is in our care—and only when it is necessary for the health and welfare of the child—under the following conditions: blood glucose testing, inhaled medication, and/or injected epinephrine. **Prescription Medications** will be administered as needed when the child's physician has included written authorization; the medication is in its original container with a prescription label attached, which includes the child's name, date prescribed, expiration date, and the doctor-recommended dosage. The parent(s)/authorized adult representative(s) will review the doctor's instructions with all of HHCP's teachers and complete the Parent Consent for Administration of Medications and Medication Chart LIC9221, which will remain in the child's file. As soon as a change occurs, a new label must be obtained, and a new form must be completed for the child's file. **Over the Counter Medications** (OTC) of any kind will NOT be administered. **Glucose Chart** LIC 9222 Blood Glucose Testing Consent/Verification chart will be kept in the child's file and with their testing equipment. **Inhaled Medication** LIC9166 specifically metered-dose inhaler or nebulizer to be used as directed by the child's physician. **Injected Epinephrine** requires an allergy list that is to be kept in a child's file with a list of reactions to look for; if used, the staff will first call 9-1-1, then the parent. **Storage** of medication will be in a locked cabinet in the child's snack room (room 11, 16, or 19). Medications that require refrigeration will be kept in a lock box in the refrigerator. If an emergency evacuation is required, the medication will be brought with other emergency supplies. It is the parent's responsibility to replace medications before they expire and collect and dispose of the expired medication away from the facility, as well as on the child's last attendance day. **Administration** Staff will be trained by the parent, according to the physician's written instructions. Staff is also trained and certified in CPR/First Aid annually. Any staff member may administer the required medication. **Precautions** Gloves will be worn while administering medication to insure no potential exposure to blood or body fluids. Hands will be washed immediately before and after removal and disposal of gloves, and disposal of used instruments will be in approved containers. Staff will call one parent and a note will be attached to the child's daily sign-in sheet if an incidental medical service was provided. **Record Keeping** HHCP will obtain and maintain written permission from the authorized adult representative to provide required incidental medical services; complete, written instructions from the child's physician; staff training provided by the parent/authorized adult representative to follow the written physician's instructions (may include written referral to a website). LIC622 Centrally Stored Medication and Destruction Record will be kept posted in the staff office and LIC9221 Parent Consent for Administration of Medications and Medication Chart will be completed after each incident and kept in the child's file.

PAYMENT POLICY

All fees are due and payable on the first (1st) day of each month and are delinquent after the fifteenth (15th) of the month. A late fee of \$15.00 will be charged if tuition is received after the fifteenth (15th), unless arrangements have been made with the Director.

HHCP does not accept credit/debit cards. Bank-generated checks may be mailed to 5050 Hiller Lane, Martinez, CA 94553. Hand-written checks may be mailed or placed in our tuition box at the preschool. Cash should be placed in an envelope with a notation including the child's name, amount paid, and for what (e.g., Sam Ng, \$320 October tuition + \$18 pumpkin patch); a receipt will be sent to the payee).

A fee of \$50.00 will be charged for each returned check. The dishonored check and the fee resulting from it must be redeemed with cash or bank-generated check prior to your child's next school day. After two NSF checks, all future payments must be made in cash or bank-generated check.

NOTE!!! Full tuition will be charged regardless of whether your child is absent due to illness, vacation, or preschool holiday. Our school year begins the end of August and concludes in late May. Tuition payments are due on the first of each month, September through May. See the Parent Handbook and annual calendar for more information.

A separate Summer Session may be offered, dependent upon enrollment. Information regarding this session will be available at least thirty (30) days in advance.

Drop-In Care is available, as space allows, at a rate of \$45.00 per morning per child. Advance arrangements must be made with the Director. Payment is due at the time the child is signed in for that day. (Drop-ins are not available on party days, but children may participate in all parties, regardless of regular attendance days, provided they have their own adult chaperon for the duration of the party.)

Any amounts outstanding as of the last day of the month prevent the child from attending until said fees are paid, including any late charges. After payment is received, the child may return provided their space is still available.

LATE PICK-UP FEE

It is important that your child be picked up PROMPTLY at 12:00 noon! Your child worries when they have not been picked up by the time all of the other children have gone. Also, the preschool staff has tasks that must be completed before leaving for the day.

A late pick-up fee of \$10.00/child will be charged at 12:06pm. Thereafter, an additional \$10.00/child fee will be charged for each five (5) minute interval, or portion thereof. This fee will be charged to the account of the preschooler, regardless of who picks up the child, and is due at the time of pick-up. If the fees are not paid at that time, a record will be kept of the amount owed. The total will be added to the next month's tuition and carries with it the same conditions.

REFUND/TERMINATION CONDITIONS

Each child is accepted into the program on a probationary basis, which is her/his first ten (10) scheduled days of attendance. During this time, the child can be dismissed without prior notice. Thereafter, HHCP will give at least two (2) weeks' notice of dismissal. HHCP will refund any unused prepaid fees within forty-eight (48) hours. The registration fee is NOT refundable.

An exception to this is in the case of a child who has a recurring behavioral difficulty that endangers the welfare of the other children. In this case, the parent(s) will be in communication with the staff and an agreement will be discussed and signed. (Refer to Termination Conditions, listed below, and the Parent Handbook for mutual Preschool and Parent Responsibilities.)

If the parent wishes to remove the child or change the days of attendance agreed upon for any reason, the parent must give at least a two (2) week notice. The Parent/Authorized adult representative is subject to paying the scheduled tuition for the two-week notice period, regardless of the child's attendance.

RIGHT OF LICENSING AGENCY

The parties to this agreement are aware of the Community Care Licensing Agency's right to interview the child and the preschool staff and to inspect and audit all records maintained by the preschool without receiving prior consent of anyone. The parties are also aware of the licensing agency's right to observe the physical condition of the child, including conditions indicating abuse or neglect.

TERMINATION CONDITIONS

This agreement may be terminated by Helping Hands Christian Preschool for the following reasons:

1. The preschool year has come to an end.
2. Death of the child.
3. Serious illness of the child, preventing preschool attendance.
4. The child has not received the immunizations required by the local government for school attendance.
5. Widespread illness precluding attendance as determined by local health department.
6. The Parent/Authorized adult representative has not paid the fee agreed upon OR has been late paying the fee more than three times in a six-month period.
7. The Parent/Authorized adult representative has not cooperated with Helping Hands Christian Preschool regarding the child's discipline needs.
8. Failure of the Parent/Authorized adult representative to honor the obligations listed in this agreement or any rules, regulations, or manuals provided by Helping Hands Christian Preschool.
9. Helping Hands Christian Preschool, in its sole and unfettered discretion, determines that it is unable to meet the needs of the child AND/OR it is not in the best interest of the preschool and the other children enrolled to have the child attend.
10. Failure of the child's Parent/Authorized adult representative to cooperate with Helping Hands Christian Preschool, which determines in its sole and unfettered discretion is serious enough to warrant termination.

MODIFICATION CONDITIONS

Helping Hands Christian Preschool reserves the right to modify any of the conditions of this agreement upon thirty (30) days written notice to the Parent/Authorized adult representative which the licensee deems necessary, as long as they are not contrary to licensing regulations, state law, or public policy.

PARENT ORIENTATION

HHCP's Parent Orientation is held on the last Tuesday of July, at 7:00PM. Parents of new students should bring all completed forms to that meeting. Parents of returning students need to review and update their child's file at that time. Please make your own childcare arrangements offsite as this is an adult-only meeting.

PARTIES TO THIS AGREEMENT

(Parent or Authorized adult representative)	____ / ____ / ____ (Date)
(Licensee, Director, or Authorized Person)	____ / ____ / ____ (Date)

REQUIRED FORMS

The following forms must be completed by the Parent/Authorized adult representative prior to their child's admission to Helping Hands Christian Preschool.

IMPORTANT: Record all changes in your child's file immediately upon their occurrence.

- () Admission Agreement - renew annually
- () Child's Pre-admission Health History - be sure to list ALL allergies and foods that your child may not consume
- () Consent for Medical Treatment - be sure to list ALL allergies (additional forms may be required)
- () Identification and Emergency Information - only adults pre-approved by authorized adult representative may pick up children
- () Immunization Record - present original document to the preschool office; a copy will be made to keep on file
- () Parent's Rights
- () Personal Rights
- () Physician's Report - must be filled out and returned by the Physician's Office

Registration Paid _____
ck# _____ Authorized adult representative Initials _____ HHCP Employee Initials _____

T / S Shirt Received _____
Authorized adult representative Initials _____ HHCP Employee Initials _____