



## The Nature Preschool of Baltimore Tutor School Enrollment Contract 2020

Please review and all custodial parents/guardians must initial each of the following policies and procedures and sign the completed contract. If one parent/guardian has custody, only one signature, if two parents/guardians, two initials/signatures. Your initials indicate that you understand your responsibilities as a participant in our program. All of the following articles can be found in the Operating Manual. If you have any questions, please ask the director for clarification.

Throughout this Agreement and attachments, the terms “school”, “the program” and refer to Nature Preschool of Baltimore. The terms, “I”/“we” refer to the person/persons entering into this Agreement with The Nature Preschool of Baltimore.

### ENROLLMENT CONFIRMATION

I, (we) \_\_\_\_\_, (Parent(s) or guardian(s) name(s)) hereby agree to enroll my child, \_\_\_\_\_ (Name of one child only per contract.) for the 2020/Tutor School Session. The 2020/2021 Tutor School Session is defined as beginning September 8<sup>th</sup>, 2020 and ending on December 23<sup>rd</sup>, 2020.

I, (we) agree to the weekly installment of \$ \_\_\_\_\_ (Review programs listed below. Choose tuition in accordance with program choice and fill in the appropriate amount.) for the period from September 8 2020 until December 23<sup>rd</sup>, 2020. \_\_\_\_\_ / \_\_\_\_\_

I, (we) understand \$ \_\_\_\_\_ will be charged to my credit card or bank account every 2 weeks. \_\_\_\_\_ / \_\_\_\_\_ (Fill in double the weekly tuition amount)

I understand, my child, \_\_\_\_\_ will attend \_\_\_\_\_ (3, or 5) days per week for the \_\_\_\_\_ (half day, or full day) program \_\_\_\_\_ / \_\_\_\_\_

**(Half day programs 8:30 a.m.-1:00 p.m. Full Day Program 8:30a.m.-4:30p.m)**

**TUTOR SCHOOL WEEKLY  
TUITION**

<b>m-F Full</b>	<b>\$396</b>
<b>mWF Full</b>	<b>\$229</b>
<b>m-F Half</b>	<b>\$270</b>
<b>mWF Half</b>	<b>\$162</b>

**FINANCIAL ISSUES**

I/we understand tuition is billed in installment payments that are due every two weeks.      /     

I/we understand I am not eligible for tuition credit if my child is absent from the program due to illness, holiday, or any emergency or Act of God resulting in the closure of the building.      /     

I/we understand that tuition installments are due every 2 weeks. I will ~~pay~~ tuition within 5 days of the due date stated or a \$25.00 late fee will be assessed. If payment, including late fee is not received within 10 days of due date I understand I will sacrifice my child/children's enrollment and will be held accountable for the outstanding balance. I further understand that a \$25.00 fee will be charged for any and all returned charges.      /     

**SAFETY/HEALTH**

I/we understand that there are inherent risks in participating in a preschool program and participating in the program at the Nature Preschool of Baltimore is at my and my child's own risk. All regulations will be followed, and reasonable precautions taken in the supervision and care of my child but I understand accident, injury or illness may occur.      /     

I/we understand that my child will not be released into the custody of anyone whose name is not listed on the child's Emergency Card unless the director is notified in writing in advance of the pick-up event. I/we further understand that the representative must provide a photo identification card the first time she/he picks up my child that will be kept on file.      /

I/we understand upon arrival to school in the morning, my child's temperature will be taken and I/guardian will be asked questions regarding COVID symptoms in our home and exposure to person with COVID symptoms.      /     

I /we understand parent/guardians are currently not permitted in the school building and must wear a mask when dropping off or picking up my child.      /     

I/we understand that our child must have a mask to wear during the school day and must be wearing her/his mask upon arrival at school in the morning. I further understand that the children will wear mask as it is **feasible, and developmentally appropriate**.      /     

I/we understand if a case COVID 19 is diagnosed among children or faculty, the school is mandated to inform the CDC and will be required to close for up to two weeks for each diagnosed case.      /     

I/we understand if there is a suspected case of COVID 19 the school will be forced to close until there is a negative diagnosis submitted from the community member's physician.      /     

I understand if myself or my child contracts COVID 19 I will hold the Nature Preschool of Baltimore and it's heirs and agents blameless.      /     

I understand if my child is demonstrating symptoms of illness, as outlined in the Parent Guide/Operating Manual, my child may not attend school.      /     

I/we understand if my child begins to demonstrate symptoms of illness during the school day, I will be called to pick up my child. I understand I am to pick up my child **within one hour of being notified** of her/his illness.      /     

I/we understand my child may not return to school without a note from my child's primary care physician releasing her/him from care. Additionally, my child may not return to school until she/he is symptom free for 24 hours.      /     

I understand that if my child demonstrates symptoms of illness, and is sent home, she /he may not return the next school day.      /     

I understand if my child is not well enough to participate in all daily activities, including outside time, my child must be kept home from school.      /



I understand I must present a completed Maryland State Health Inventory stating that my child is in satisfactory health and free from any communicable disease. \_\_\_/\_\_\_

I/we understand in the event of custody issues I must provide a court order identifying the name of the custodial parent/s. The court order must also state the name/s of the person/s to whom the child may NOT be released. Nature Preschool of Baltimore does not have the authority to prevent any custodial parent from taking custody of a child/children at his/her request. \_\_\_?\_\_\_

I/we understand if my child is having problems adjusting to the program, a conference will be called with the teachers and the director to discuss these issues with me. \_\_\_/\_\_\_

I/we understand if my or my child's behavior threatens her/his own safety or health or the safety/health and or wellbeing of other children or staff, I and or my child will be removed from the program. \_\_\_/\_\_\_

If my child's behavior causes immediate harm or danger to her/himself or others I will be called to remove my child immediately from the program. The removal may be followed by suspension or dismissal from the program at the discretion of the director. \_\_\_/\_\_\_

I/we will keep the staff apprised of all pertinent issues regarding my child's mental or physical health and will keep all emergency/contact information current. \_\_\_/\_\_\_

## **PLANNED AND EMERGENCY CLOSINGS/ SCHEDULE PENALTIES/STATEMENTS OF UNDERSTANDING**

I/we understand that the school will be closed on the days listed in the School Closings listing and on any day it is deemed unsafe for the program to be in session or if by mandated by the State of Maryland. \_\_\_/\_\_\_

I/we understand that the school will make every possible effort to remain in operation but may be forced to close or open late due to inclement weather or other emergencies. In the event of such an emergency, I understand I am responsible for having a contingency care plan in place. \_\_\_/\_\_\_

I/we understand if I cannot be reached in the case of an emergency, my child's designated representative will be contacted. In addition, if the need arises, my child's physician or 911 may be called to transport my child for urgent care. \_\_\_/\_\_\_



I/we understand that if the school is forced to close early, I will be contacted to pick up my child. I further understand that I am responsible for making alternate arrangements with an authorized representative if I am unable to pick up my child **within one hour.**      /     

I/we understand that if I am late picking up my child, after the contractual end of her/his day, **I will be charged \$5.00 per minute late fee.** I understand that 3 incidents of lateness during the school year will jeopardize my child/ren's enrollment and may result in my child/ren's exclusion from the program.      /     

I/we have an alternate care plan in case of illness or emergency.      /     

I/we have received and read and understand all aspects of the Parent Manual/Operating Guide.      /     

I/we have read, initialed and understand all of the above directives.      /     

**I/we understand if I/we alter or terminate my contract before the end of the term, I am responsible for the balance of the contract.**      /     

The parties hereto agree that jurisdiction and venue shall be in the District or Circuit Court of Baltimore County .      /     

The parties hereto agree that liability [of the parents/guardians] shall be joint and several.      /     

The parties hereto agree that a copy of this Agreement shall be treated as an original.      /     

The parties bind themselves, their heirs, personal representatives, successors and assigns to the faithful performance of this contract.      /     

Parent(s)Gaurdian(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: *Karen Reavis Nystrom*(Karen Reavis Nystrom)

Founder, Nature Preschool of Baltimore