



## Admission Agreement

The purpose of this document is to bring to your attention important information and policies stated in your parent handbook. This document is not a contract, but a condensed information agreement sheet which contains most often asked questions by parents. We request that both parents read, initial, and sign the agreement and turn it in at the August orientation meeting.

Linden Community Preschool (LCP) is a parent cooperative, non-profit, non-sectarian, non-discriminatory preschool for children 2 years 9 months through 5 years of age. LCP is licensed by the state of California, Department of Social Services, 744 P Street, Sacramento, CA 95814.

Our philosophy is placed on building the child's positive self-image by encouraging development in the children's language and social areas. The program views all areas of development as equally important – intellectual, social, creative, physical, and emotional.

I DESIRE TO ENROLL MY CHILD \_\_\_\_\_ IN LINDEN COMMUNITY PRESCHOOL (LCP) AND IN DOING SO I AGREE TO AND UNDERSTAND THE FOLLOWING:

Please initial

- \_\_\_\_/\_\_\_\_ 1. **Parent Participation:** As a participating adult, I will fulfill scheduled in class working hours each month (approximately 2-3 days per month). LCP is legally obligated by the state of California to run a program that is a 1-5 adult to student ratio. It is absolutely necessary that you arrive to work on your assigned days on time or find a substitute. We will have to close school for the day if we do not meet the legal ratio requirements.
- \_\_\_\_/\_\_\_\_ 2. **Arrival & Dismissal:** Participating adult arrive by 8:40 a.m. and leave at 12:20 p.m.  
Children arrive at 9:00 a.m. and are dismissed at 12:00 p.m.
- \_\_\_\_/\_\_\_\_ 3. **Sign In/Out:** ALL children must be signed in and out each day.
- \_\_\_\_/\_\_\_\_ 4. **Medical:** As a participating adult, I will provide proof of a negative TB test, MMR & TDap vaccinations, a doctors examination, and flu shot (optional). I will also provide up to date vaccination records for my child.
- \_\_\_\_/\_\_\_\_ 5. **Meetings:** As a participating adult, I will attend two mandatory meetings: one orientation meeting in August, and one Pancake Breakfast meeting in January.
- \_\_\_\_/\_\_\_\_ 6. **Tuition:** Due on the 1st of every month and delinquent on the 15th day of the month with late fee. First and last months tuition is due before the child enters school.
- \_\_\_\_/\_\_\_\_ 7. **Snack:** Provide a lunch for your child each day they attend school.
- \_\_\_\_/\_\_\_\_ 8. **Work Hours:** Fulfill 4 enrichment and 4 maintenance hours per year.
- \_\_\_\_/\_\_\_\_ 9. **School Calendar:** We follow the same yearly calendar as Linden Unified School District.
- \_\_\_\_/\_\_\_\_ 10. **Field Trip Policy:** I will be responsible for transporting my child to and from planned field trips.
- \_\_\_\_/\_\_\_\_ 11. **Minor Boo-boo Consent:** In the case of a minor boo-boo, my child can be treated by flushing the wound with water, applying mild antibacterial ointment, and applying a bandage if necessary.
- \_\_\_\_/\_\_\_\_ 12. **Waiver of Responsibility:** I will not hold the parents of LCP, the Board, the Director, or any other parent liable for any accident that might happen to my child while attending school.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date