

The West Boundary Just B4 Preschool Program  
**Program Contract**

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

This contract is for the care of the above-mentioned child.

I agree to PREPAY \$300 per month for full time (\$150 per month for part time) for my child to attend the West Boundary Just B4 Preschool Program. A receipt will be issued monthly.

I agree to pay my total monthly fee on or before the 1<sup>st</sup> of each month. I understand that I will not be reimbursed for any day my child did not attend the program including due to illness. In the event the school or program is closed due to unforeseen circumstances, staff sickness, or unexpected facility closure, I will be reimbursed or credited for those days only. If my child is going to be absent for any reason, I agree to inform staff in advance, giving as much notice as possible.

During the trial period of four (4) weeks, no notice is required to terminate care. I agree to give two (2) weeks notice after this trial period if I am going to terminate the service. I understand that this is the same procedure the program will follow if they are to terminate care.

I understand that my child MUST be picked up by myself or an authorized person who is named on my child's registration form. If I realize I am going to be late on any day, I will call staff as soon as possible. I also understand that if I am more than 30 minutes late, and I have not phoned, or could not be reached by staff, they will phone my emergency contacts for pick up. If they cannot be reached, I understand that staff will phone the Ministry for Children and Families to come pick up my child.

I agree not to send my child to preschool when they have anything contagious until they have been on antibiotics for at least 24 hours. I also will not send them when they have had a fever, diarrhea, or have thrown up within the last 12 hours. I understand that I need to contact staff as soon as possible if this happens and my child is supposed to be attending the program within the 12-hour time span. I will also inform the staff if my child has come into contact of a communicable disease.

I understand that if my child receives an injury that requires medical attention, during care hours, staff must complete and submit an Incident Report to the licensing officer. Therefore, I must contact staff even if my child requires medical attention after the program from an injury that occurred that day while in care.

\_\_\_\_\_  
(Caregiver Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Caregiver Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Manager or Administrator Signature)

\_\_\_\_\_  
(Date)