



ICC
PRESCHOOL
PROGRAM

ICC PRESCHOOL PROGRAM CONTRACT

Ages: 3 to 5 years

Please READ, COMPLETE, and RETURN the contract IN- PERSON to ICC Program Director Or Site Supervisor.

ABOUT YOUR CHILD:

Has your child ever attended a preschool program or daycare before? Yes _____ No _____

If yes, name of prior school _____

Does your child need an IEP, an Individualized Learning Plan? Yes _____ No _____

Has your child been tested? Yes _____ No _____

If yes, please provide the school with a copy of the IEP.

Has your child been screened for any other *specific special needs*? Yes _____ No _____

If yes, please provide information on how we can assist your child better. _____

Do they attend an additional support program? _____

Which language did your child first learn to speak? _____

Which language is your child most comfortable with? _____

Does your child speak and/or understand English? _____

Is there anything else we need to know about your child? _____

HEALTH HISTORY INFORMATION:

Physicians' Name: _____ Physician's Phone: _____

Dentist / Orthodontist's Name: _____ Dentist / Orthodontist's Phone: _____

Is the attendee covered by medical insurance? Yes _____ No _____

Insurance Carrier: _____ Member Number: _____

Carrier Address: _____ Carrier's Phone: _____

Name of Insured: _____ Relation to attendee: _____

CONSENT FOR MEDICAL TREATMENT:

Please list ALL medications, including over the counter or nonprescription drugs, taken routinely. Keep it in the original packaging / bottle that identifies the prescribing physician (for prescription drug), the name of the medication, the dosage, and frequency of administration.

Child does NOT take ANY medications on a regular basis. _____

Child HAS BEEN PRESCRIBED TO TAKE the following medication:

Medication Name: _____

Reason for medication: _____

Dosage: _____ Frequency: _____

Route: Oral _____ Topical _____ Injection _____ Suppository _____

Signature and Date _____



FOOD AND ALLERGY RESTRICTIONS:

Children will bring their lunch from home. Morning and Afternoon Snacks will be provided.

IMPORTANT- Please list any Food Allergies, Religious Dietary Restrictions or any other details related to food concerning your child. Please list foods your child is allergic to or should not be provided due to their religion or family beliefs.

1) Dietary Restrictions: _____

2) Allergies: _____

3) Does your child eat eggs? Yes _____ No _____

4) Any other concerns? _____

NOTE:

- 1. Once an item is listed for dietary/allergy restriction. We will not give it to the child any time unless this form is changed and signed by the parent.
- 2. All changes MUST be communicated via email ONLY.

EMERGENCY MEDICAL TREATMENT:

In the event of a medical emergency, every effort will be made to first contact the child’s parent/guardian. If we are not reachable, I hereby authorize ICC Program staff to obtain medical treatment by calling 911 at my/our sole cost and expense. I also hereby give permission to ICC staff to secure and administer treatment and to maintain and/or release any medical records necessary for treatment and insurance purposes

Parent’s Name and Signature

Date

INDEMNITY AND CONTRACT AGREEMENT:

Recognizing that ICC will do its best to ensure a safe experience, I understand that sometimes accidents may occur. I will not hold or attempt to hold ICC or its employees, staff, or volunteers liable for any loss, damage, or injury to person or property caused by any act or omission of ICC.

I verify that my child is in good health and can participate in activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health.

YES _____ (Parent’s Initial)

MEDIA RELEASE:

Occasionally, photos and video footage are taken during ICC’s Program activities and used for promotional purposes. I authorize ICC to use photos/videos of my child for ICC events, brochures, articles, websites, ICC Social Media accounts, and for other marketing purposes. Participation in ICC Program activities constitutes permission to use photos of participants for promotional purposes in all print, electronic and password protected web media for organization promotions.

We do not allow any unofficial pictures or videos of the children without the consent of the Program staff. Also, for privacy reasons, we do not share RAW files of photos or footage of the participants.

YES _____ (Parent’s Initial)



TERMS, CONDITIONS, AND OTHER SCHOOL POLICIES:

- Fees are payable one month in advance and are **NON-REFUNDABLE**.
- **IF, for any reason, a parent wants to cancel their child's enrollment, one full calendar months' notice is required. In the absence of such calendar months' notice, parents will be responsible for paying a full month's fee in lieu of notice.**
- **Monthly fees are not apportionable for any vacation or sick days off.**
- Tuition is due in 12 monthly payments, to be paid on the first day of every month.
- Late payments will be charged a \$30 late fee, due after 5th day of every month.
- An Exit/Termination Form needs to be turned in before you withdraw from the program.
- PAYMENTS DUE must be PROCESSED before termination.
- Tuition for the month of December will be collected in the month of November.
- A Non-Refundable Annual Registration fee of \$175 must accompany all applications. The fee is not applicable towards tuition and must be paid for a returning student also.
- DISCOUNTS are not available to ICC members.
- I understand that acceptance into the program is not guaranteed.
- Checks should be made payable to the India Community Center Program.

REQUIRED DOCUMENTS:

Upon acceptance to our program, the following forms must be SUBMITTED to our office within 5 business days:

You certify that you have accurately completed (or will complete in a timely manner) all the forms listed below. You agree to notify the Program promptly via email if there are any changes in the information you have supplied on the forms list below fail to do so will result in IMMEDIATE TERMINATION (see Contract Termination Condition).

1. Admission Agreement
2. LIC 995 Notification of parent rights
3. LIC 613A Personal Rights
4. LIC 700 Identification and emergency information
5. LIC 627 Consent for Emergency Medical Treatment
6. LIC 702 Child's Preadmission Health History- parent's report
7. LIC 701 Physician's report
8. Immunization Record

REQUIRED ITEMS:

The following items are required on the first day of school.

1. Two pairs of extra clothes, that include shirts, tops, pants, underclothes, and socks.

MODIFICATION CONDITIONS:

The facility reserves the right to modify any of the conditions of the agreement upon 30 days' written notice to the parent or guardian. The facility also reserves the right to refuse service.

_____ (Parent's Initial)

REFUND/ TERMINATION CONDITIONS:

Each child is accepted into our program on a probationary basis for the first month of his or her attendance. During this time, the child can be dismissed without prior notice and any unused pro rates prepaid fees will be refunded within 48 hours (see below for reasons for termination). A parent teacher conference will be held at that time.

_____ (Parent's Initial)



RIGHT OF LICENSING AGENCY:

The Department has the authority to interview children or staff, and to inspect and audit children or program records, without prior consent.

Please note:

- 1) The licensee shall make provisions for private interviews with any child (ren) or staff member. and for the examination of all records relating to the operation of the program.
- 2) The Department has the authority to observe the physical condition of the child (ren), including condition that could indicate abuse, neglect, or inappropriate placement.

_____ (Parent's Initial)

BASIC SERVICES:

The parent/guardian agrees that she/he has received (upon request) or has reviewed a copy of the Program contract and agrees to all the facility operating policies and procedures as described therein. Any absentees or missed days at school should be communicated to the Program Director by phone message or email ONLY.

_____ (Parent's Initial)

TERMINATION POLICY:

This agreement may be terminated by ICC STAFF with a 2-week notice for not complying with one or more of the following reasons:

- Parent/guardian has not cooperated with the facility regarding the child's discipline needs.
- Parent / guardian has not paid the agreed upon fee or has been paying late fees for more than a six-month period.
- Missing or Incomplete Documents as REQUIRED by the childcare license department will result in IMMEDIATE TERMINATION.
- Late pick-up Fee: The first 5 mins after 3:00pm/5:00pm, i.e. 3:05/5:05 pm, will be a grace period after which there will be a \$1 per minute late fee charge added to your account. **There is no grace period for 6 pm pick-ups.**
- If a child with consistent difficulties puts the health, safety, and welfare of him/herself, and/or that of another child or the children of the group at risk, a conference with the parents will be held to discuss the seriousness of the situation and the possibility of withdrawal from school as per our policies and agreed upon terms.
- If it is observed that a child is having considerable difficulty learning/coping with the class and the teachers feel the need of special attention/coaching and care for the overall development of the child, a conference with the parents will be held to discuss the situation and consider the next course of action for the betterment of the child or possibility of withdrawal as per our policies.
- Termination is Immediately Effective, if any parent/guardian or caretaker of the child ill-treats/abuses/misbehaves in a fashion not in compliance with the program code of conduct.

_____ (Parent's Initial)

DIAPER POLICY:

Children attending the Program must be potty trained. _____ (Parent's Initial)



DRESS CODE:

Do not bring your child in panties or underwear until he/she has naptime and bedtime control established. The best items are shorts and pants with elastic waist.

Please DO NOT dress your child in the following:

- Tight or jeans clothing, Shirts that snag in the crotch, Pants with snaps & zippers, Overalls or bib type clothing, Belts, One-piece outfits (dresses).
- The clothes listed above can make it difficult for your child to reach the potty in time. Your child also needs to be able to pull his/her pants up and down and these items will hinder your child's ability to do so. Please dress your child in comfortable clothes that they can manage on their own.
- Teachers are always there to assist if they need help.
- Flat, closed-toe, Velcro footwear is Required (crocs, flip-flops, heels, and shoes with laces are to be avoided)
- Please send a hat or jacket to suit the weather. Teachers will not apply any sunscreen or any other type of cream.

_____ (Parent's Initial)

BIRTHDAY POLICY:

We enjoy celebrating birthdays in the classroom. Due to the younger age of the children in the program, we will be keeping this celebration low key. Due to allergies and dietary restrictions, we do NOT ALLOW ANY CUPCAKES, OR COOKIES in the classroom as birthday give away. We will NOT be asking parents to pass out goody bags. Prior to your child's birthday we will send home a birthday poster, which you are welcome to decorate using family pictures. Your child can share his/her birthday poster on their special day!

_____ (Parent's Initial)

ILLNESS POLICY:

We depend on the parent's assessment of their child's health before sending him/her to school. Germs can spread quickly in any child-care environment. We request that you please keep your child home in case of a constant runny nose or cough. If the runny nose is green, it is highly contagious; the same goes with constant coughing and may cause an infection to the other children. This symptom usually takes about 48 to 72 hours to recover. Also, note that if your child develops this symptom while at school, we will call you to take your child home, to avoid spreading the infection.

Thank you for your support! In a case where we feel that your child is unwell while in school you will be asked to pick him/her up for the day.

_____ (Parent's Initial)

To keep all children healthy, we do our part by sanitizing toys and surfaces daily.

DAILY SIGN-IN AND SIGN-OUT POLICY:

I understand that I must sign in and sign out my child daily and that I must take full responsibility, according to Licensing regulations, for my child once I have checked them out of the Program daily. I am responsible for picking up any belongings from my child's cubby. The Program staff or teachers will not take responsibility for lost or misplaced items. **Any communication to the teachers of ICC Program related to my child must be made via email only.**



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_____ (Parent's Initial)

PROGRAM POLICY:

The parent or guardian agrees to the Program Yearly Payment Plan as well as understand all the School Regulation and Policies.

Signature

Date

I have read the Program Contract, I understand and agree that no changes will be made to the school rules, regulations, timings, fees, and other policies listed in the application form unless approved or changed by ICC Program staff members alone.

COVID-19 REQUIREMENT:

Family members should have been vaccinated by either Pfizer, Moderna, or Johnson & Johnson's Janssen vaccines. Please share the following information below. We will need a copy of your vaccination card for our record.

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

If any family member is not vaccinated then please provide their name and the relationship to the child here:

The goal of the information gathering is to help focus on identifying, notifying, and monitoring students who have come in close contact with a student who has been diagnosed with COVID-19 while they were infectious. If you have family or friends visiting, we will need to gather their information. Please ask a teacher for a Family/Friend COVID Form.

All our teachers have been vaccinated and trained to follow standard practices and appropriate regulations specific for cleaning and disinfecting the classroom and materials in the programs.

The agreement is between the ICC Program Staff and _____ (Parent or Guardian)
for the care of _____ (child's name) for the academic year ____ - ____.

Parent's Name and Signature

Date



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FOR OFFICIAL USE ONLY

Child's Full Name: _____

Age: _____ Birth Date: _____ / _____ / _____

ICC Program received your application (Date): _____

Your child:

Has Been Accepted. Your child's start date is/will be:

Has Not Been Accepted and Is Currently on the Waitlist: _____

Has Graduated on Date: _____

Signature of **Program Director/Site Supervisor**

Date