

Desert Marigold School
KinderCare Agreement 2019/2020
Preschool, Kindergarten & First Grade



Desert Marigold School

Daily Rates:
PreK/Kinder \$12
1st \$10
Drop-in \$15

1. Child must be enrolled in DMS preschool, private K, or charter program (K-1), or be the child of faculty/staff, and at least 3 ½ years of age as well as toilet-trained to receive care.
2. A signed and completed contract reflecting actual days and hours of care must be maintained in the school office at all times.
3. Children must be picked up by 3:30.
4. If a child is picked up after the 3:30 closing time, a fee of \$1 per minute late will be added to the following month's invoice.
5. After the third late pick up, the child will be withdrawn from the program.
6. The Phoenix Police have advised DMS to call them and/or Child Protective Services in the event that parents or emergency contacts cannot be reached after the program closes.
7. A healthy snack will be provided to children at approximately 2:30 PM daily.
8. Parents must provide current emergency information in their child's file and must notify DMS of any changes in addresses, phone numbers, etc. within 10 days of the change.
9. Parents must provide detailed identification information of those who are authorized to pick up their child. Pick up persons may be asked to show photo identification before signing the child out of the program.
10. Arizona State Department of Child Care Licensing requires a legible signature using at least a first initial and full last name alongside the current time to sign a child out of the program.
11. Parent or coordinator may request a conference to discuss a child's progress or behavior.
12. Invoices are emailed beginning on the first day of the month, reflecting charges for the month designated on contracted days.
13. Payment will be made via credit card on file in the office.
14. Payment is due by the last day of the current month. Failure to pay by the last day of the current month will forfeit space in the program for the following month. Reinstatement in the program is based on availability after payment is received.

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Name of Child _____ Grade _____
 Name of Parent/responsible party _____
 Email Address _____
 Phone number(s) mobile _____ work _____ other _____
 Start date: _____ End date (if known): _____

Please check (√) the days your child will attend or mark drop in only:

DROP IN ONLY: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Prek/Kinder 12:15-3:30 \$12/day					
1st Grade 2:00-3:30 \$10/day					

Visa/MasterCard/Amex/Discover # _____ - _____ - _____ - _____

Expiration Date ____ / ____ cvv code _____

Name on card _____

Address _____

City _____ State _____ Zip _____

Please initial and sign below.

_____ **I have read, reviewed, and agree to the terms above and on page one.**

_____ **I will notify the DMS office in writing within 10 days of any changes to the information I have provided.**

Signature _____ **Date** _____