

TUITION FEES

Children's Paradise Preschool

We accept children 2 - 12 years and are part of the YMCA and CDA Programs

6038 Cumberland Street, San Diego, CA 92139-3199

(619) 475-0683

Registration Fee: \$50

2nd child registration: \$10

Registration fee is waived for active military families.

Year around hours are: 6:30 a.m. - 6 p.m.

10% discount on tuition for 2nd child

TUITION FEES			2 Children	
Full Day	Weekly	Monthly	Weekly	Monthly
5	\$120	\$480	\$228	\$912
4	\$115	\$460	\$218.50	\$874
3	\$110	\$440	\$209	\$836
2	\$100	\$400	\$190	\$760

Enrolling Fees to start are:	
Tuition:	\$
Withdrawal Credit:	\$
Registration fee:	\$
Total:	\$
You must pay in Cash or Money Order to start. Thereafter, cash, Money Orders or checks can be used as a form of payment	

Half Day	6:30 a.m. - 2 p.m. Timeframe (must be 5 continuous hours or less)			
5	\$90	\$360	\$171	\$684
4	\$85	\$340	\$161	\$644
3	\$80	\$320	\$152	\$608
2	\$75	\$300	\$142.50	\$570

Kindergarten through 12 years old (All school children must be here by 8:30 a.m.)				
5	\$65	\$260	\$123.50	\$494
4	\$60	\$240	\$114	\$456
3	\$50	\$200	\$95	\$380

We are a church-related Christian preschool that believes in the teachings of our Savior Jesus Christ - founded July 1974 by the Paradise Hills Southern Baptist Church, San Diego, California.

Qualified preschool teachers will help your child develop in learning skills, moral attitudes, independence and through loving discipline. We pray before every meal and snacks.

Weekly curriculum is posted in the classrooms. A monthly newsletter tells of coming events, birthdays, important information and reminders.

Upon registering your child, a two-week tuition is required. One week is for the first week tuition and the second week is held as a withdrawal credit. This withdrawal credit can only be used when your child is withdrawn, provided a one week notice is given. The withdrawal credit is not refundable. When tuition is increased or decreased, adjustments to the withdrawal credit will be made. Tuition and withdrawal credit should be the same. Tuition is based on a weekly calculation, not a daily basis.

A finder's fee of \$75.00 will be credited to your next tuition if a new FULL-TIME student is enrolled through your recommendation.

Fees effective: September 1, 2007

REGISTRATION CHECKLIST FOR PARENTS

(These items MUST be completed before your child is admitted)

- Application completed and signed
- Child Physical completed by doctor
- Shot/Immunization Record (include TB & Lead results)
- Registration fee of \$50 (in cash) NON-REFUNDABLE
- Withdrawal credit of \$_____ same as your tuition (in cash)
NON-REFUNDABLE Must be used with a one week prior notice.
- Tuition \$_____ (in cash)
- Crib Sheet
- Bag with zipper or backpack
- Extra set of clothes
- Child's lunch

TOTAL AMOUNT DUE ON FIRST DAY \$_____

GENERAL INFORMATION

Children's Paradise Preschool

We are licensed by the State of California for children ages 2 - 12 years and we are part of the YMCA and CDA Programs.

SIGNING IN AND OUT

We require that anyone, 13 years or older, bringing or picking up a child, sign their name on the daily attendance register. Your child will not be released to anyone not listed on your emergency form without your written authorization. Preschool is not responsible if parent/guardian choose to have an older child pick up students from preschool.

HOURS & HOLIDAYS

The preschool is open year around, Monday through Friday from 6:30 a.m. until 6 p.m. We are closed the following holidays: New Year's Eve; New Year's Day; Washington's Birthday; Martin Luther King Day; Good Friday; Memorial Day; Independence Day; Labor Day; Veterans Day; Thanksgiving Day and the Friday following and Christmas Eve and Christmas Day. Parents must pay for these holidays.

One week written notice must be given to the preschool for vacations or withdrawal. Two weeks vacation per year is allowed from September 1 through August 31 without a tuition cost. (vacation days must be consecutive days) On other special days there will be a sign up sheet posted. This sheet will determine if we are to be open or closed by the amount of children signed up. The preferred time for arrival at the preschool is 9 a.m. If any problems come up like a doctor's appointment or an emergency, please call us to let us know the problem before 10 a.m.

HOURS FOR HALF DAY PRESCHOOLERS ARE 6:30 a.m. UNTIL 2 p.m. ONLY. (limited to 5 continuous hours or less)

LEE ELEMENTARY SCHOOL AGE CHILDREN (Kindergarten through 5th grade)

School children must arrive no later then 8:30 a.m. every morning if we are to take them to school. Please notify the preschool if you are taking or picking up your child. Parents must make the preschool aware that their child will be traveling from school to the preschool in a group. The group cannot be delayed by late children. Therefore, any disciplinary or other action must be handled by the parents in another way without detaining the child after school. When a parent takes his child to Lee Elementary school, the parent must notify the preschool if they want the preschool to pick their child up at his/her school or the preschool will not be responsible for the child.

CLOTHING

All children need to have a change of clothing (underwear, socks, top & bottoms). Children should be dressed in clothing they can manage with a minimum of bathroom help. Difficult fasteners make it hard for a child to be independent then using the toilet. There is a 75 cents fee for disposable diapers. For children's safety, no strapless shoes are allowed. PLEASE LABEL ALL CLOTHING.

BLANKETS AND CRIB SHEETS

All children need a fitted crib sheet in a back pack for rest time. (This keeps things more sanitary and keeps germs from spreading.) Please mark everything clearly with your child's name. All bedding is sent home every Friday for laundering and will need to be returned on the following Monday. If your child fails to bring a crib sheet, the preschool will automatically charge you \$3 a day.

CITY, COUNTY, STATE OR NATIONAL EMERGENCY

In the event that a city, county, state or national emergency is called, the administration and staff of Children's Paradise Preschool will follow all instructions given by the authorities and emergency personnel. If the officials call for all school and day care centers to close, Children's Paradise will comply for as long as instructed. If we are able to do so, you will be notified by phone or email, if we are not able to notify you in some manner, a "Closed" sign will be posted on the front gate.

BREAKFAST - SNACKS – LUNCH

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Breakfast milk will be served until 8:20 a.m. only. Snacks will be provided by the preschool. All food served will be nutritional. We will serve fruits and vegetables and avoid sugars. We do not heat lunches. We do not allow children to bring gum, soda, candy or glass containers. There is a \$5.00 fee to replace a lunch that a child may forget to bring.

BIRTHDAY, CHRISTMAS and GRADUATION PROGRAMS

The children are encouraged to celebrate their birthdays at the preschool. A special treat may be brought from home. We try to keep these simple. At Christmas the children put on a Christian them based program and everyone is encouraged to participate. In June, when the children graduate, we also encourage participation by all family members and friends.

TOYS

Friday is our sharing day. This is the only day your child may bring a toy from home (properly labeled with their name, please). Guns, combat toys and videos are not permitted. The preschool will not be responsible for lost or broken personal property. Please talk with your children to help us enforce this rule. Toys brought Monday-Thursday will be confiscated and given to the parent when the child is picked up.

CONFERENCES

There will be two scheduled conferences each school year, fall and spring. A parent may schedule a conference at anytime by contacting the teacher.

HEALTH

We can accept only well children. If your child becomes ill and is sent home he/she cannot return the next day. This will help keep the illness from spreading to other children. We will not administer medications. If your child has asthma or allergies please administer medication before coming to preschool. SEE the director about inhalers. Full tuition must be paid whether your child is present or absent. There are no refunds due to illness.

PARKING

Please! Do not park on the drive way when dropping or picking up your child. PLEASE don't honk for your child to come up from the playground at any time.

FEES

1. Registration fee is \$50.00, (2nd & 3rd child \$10.00 each). Active military registration is free.
2. A family discount of 10% will be given to the 2nd & 3rd child's tuition.
3. All payments are to be made in advance, and must be paid on the first day of the week that your child attends the preschool or he/she will not be accepted. Full tuition is payable on Monday or the first day your child ARRIVES. A tuition payment late fee of \$10.00 will be charged for each day after 9:00 a.m. Tuesdays. Parents are responsible for paying full tuition whether the child is present or absent. There are no refunds due to illness.
4. There is a \$6.00 late pick up fee if a child is not pick up by 6:00 p.m., and \$6.00 for each 15 minutes after that. This fee will be added to your tuition. If a child is picked up late 3 times they may be withdrawn.
5. There is a \$20.00 charge for any check that is returned. Returned checks and fees must be paid in cash only. Returned checks may result in tuition payments of cash only.
6. There will be a \$5.00 charge for changing your child's schedule.
7. A FINDER'S FEE of \$75.00 will be credited to your next tuition payment if a new full time student is enrolled through your recommendation.

PARENT and CENTER ADMISSION AGREEMENT

CHILDREN'S PARADISE PRESCHOOL

6038 Cumberland Street, San Diego, CA 92139-3199
(619) 475-0683

The following conditions are involved in the care of:

(Name of Child)

and understood and agreed upon between Children's Paradise Preschool (center) and:

(Parent or Guardian)

THE CENTER AGREES THAT:

1. In return for the sum which the parent agrees to pay, the center will give care to the above named child for either full time or part time (limited to 5 continuous hours or less) from 6:30 a.m. until 2 p.m. Monday through Friday.

In an emergency, care will be given in addition to the hours indicated, at an additional fee, for the agreed hourly rate. After a reasonable amount of time has passed, it may be necessary to call the police or child protective services.

2. The center will not release the child to anyone other than the parent or guardian unless there is written permission from the parent or guardian.

3. In case of an accident or illness to the child, the worker will promptly take such reasonable measures as are, in her judgment, in the best interests of the child, and will notify the parents as soon as possible. When a parent or person listed on the emergency form cannot be contacted by the center, and in the judgment of the worker, if the illness or accident requires a physician, the center will take the child to the nearest doctor or hospital at the parents' expense.

4. The center will provide accident insurance coverage.

5. The center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child and the transporting of the children.

6. The center is not liable for accidents or illnesses occurring to the child while he/she is in its care; unless it can be proved that the accident or illness was the direct result of the worker's negligence.

7. In the event of a contagious illness the center will notify all the parents.

8. The center reserves the right to dismiss any child that seems unable to participate in group activities. The center has the right to terminate service to any parent/guardian on the spot due to irreconcilable differences.

THE PARENT AGREES THAT:

1. The parent will pay Children's Paradise Preschool in advance on Monday, or the first day child arrives of each week or he/she will not be accepted. The current tuition fee of:
\$ _____ is due. A monthly rate of \$ _____ is optional.
2. Parent is responsible for paying full tuition whether the child is present or absent. There are no refunds due to illness.
3. At the time of registration parent will pay first week's tuition and withdrawal credit tuition and a non-refundable registration fee of fifty dollars (\$50). Active military registration is free.
4. At the time of withdrawal a parent must give a one week written notice before the child is to be withdrawn. No refund will be given for withdrawal credit. When tuition is increased or decreased, adjustments to the withdrawal credit will be made. Tuition and withdrawal credit should be the same. Withdrawal slips are available.
5. Parent must give a one week written notice before a child is taken on vacation (vacation days are consecutive days). If written notice is not given parent will be responsible for their full tuition.
6. We require that anyone bringing or picking up a child sign a daily attendance register. Your child will not be released to anyone not listed on your emergency form without your written consent. The person signing in or out child must be at least 13 years of age.
7. Call the center on the first day of a child's absence. In the event of a contagious illness, the parent will notify the center and remove the child and not allow him or her to return until all danger of contagion is past. (See *Health Agreement* form page 15)
8. If preschool calls you about an illness, your child must be picked up within an hour and a half after the parent has been contacted.
9. Liability for the acts of the child while he/she is under care of the center is the parent's responsibility.
10. When a parent takes his/her child to elementary school the parent must notify the center if they want the center to pick up their child at his/her school or the center will not be responsible for the child.
11. Parents of school age children -- The group cannot be detained by late children; therefore you must make the school aware of this procedure. Any disciplinary or other action must be handled by the parents in another way without detaining the child after school.
12. Parents are requested to participate in at least two conferences with the child's teacher during the year at times which will be announced.

BOTH PARTIES: Center and Parent understand and agree that:

1. This agreement is a contract binding for both Children's Paradise Preschool and parent.
2. The contract may be terminated by either the parent or the center upon notification of intention at least one week in advance, or at any time by mutual agreement of both parties.
3. I have read the *General Information* and *Tuition Fees* papers and understand the rules.
4. Children's Paradise Preschool is a Christian sponsored day care facility and, as such, Christian principles are taught and practiced on a daily basis. This includes instruction from the Holy Bible, prayer at each meal, Bible stories and the singing of biblical songs that all emphasize the worship of Almighty God and Jesus Christ as the only risen Savior.

Date

(Signature of Parent or Guardian)

(Authorized signature of center)

APPLICATION FOR ADMISSION

Children's Paradise Preschool
6038 Cumberland St., San Diego, CA 92139 Phone (619) 475-0683

Child's name _____ Phone _____

Address _____ Zip _____

Age _____ Birthday _____ Sex _____

Date of application _____ Desired date of enrollment _____

Church & Religious Affiliation _____

Father's name _____ Business phone _____

Business name _____ Email _____

Business address _____

Mother's name _____ Business phone _____

Business name _____

Business address _____ Email _____

Previous preschool attended _____

My children will be attending _____ Elementary School.

How did you find out about our Center? _____

Method of Discipline used at home? _____

Please check below the exact days your child(ren) will be in attendance at the center.

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Half day _____ Full day _____

Approximate time of arrival and departure _____ a.m. until _____ p.m.

The days that you check off are the only days you may leave your child(ren) unless you have notified us one week in **ADVANCE**. Parents pay for holidays if they fall on the scheduled attendance day of your child.

I have received a copy of **PARENT'S RIGHT & PERSONAL RIGHTS - COMMUNITY CARE FACILITIES AND CHILD DAY CARE FACILITIES.**

Parent signature _____

I have read and received a copy of **General Information Rules** and understand that it is a part **Parent and Center Admission Agreement**.

Parent signature

Date

Director signature

PERMISSION SLIP

This permission slip must be kept on file at Children's Paradise Preschool in order for your child to be authorized to be included on a field trip.

Child's Name _____

Has my permission to attend any off-campus functions. This includes use of any transportation that is provided to/from Lee Elementary School by Children's Paradise and/or individual parents. Please be assured that every safety measure will be taken on all fields trips. We will inform you of all fields trips in advance.

Parent Signature _____

Date _____

BITING POLICY

Children's Paradise Preschool takes biting very seriously. Biting often occurs very quickly and can happen without a teacher observing the incident nor being able to prevent it. If your child, for any reason bites another child, the following actions will be taken:

1. Upon the first occurrence, you will receive a verbal warning from the teacher/director.
2. Upon the second occurrence, you will receive a 30-day probationary period written notice. You will need to sign and return the written notice when you meet with the Director to discuss a Plan of Action in order to prevent future occurrences.
3. When the third bite occurs, you will be given one week to find replacement care and your child terminated.

Please be aware that we will always work with you in order to keep your child enrolled Children's Paradise, but we must work together in preventing and maintaining a non-biting environment for all children under our care.

I have read and understand the above Biting Policy and will work with daycare staff should this ever be an issue with my child.

Parent Signature

Date

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3. When the third bite occurs, you will be given one week to find replacement care and your child terminated.

Please be aware that we will always work with you in order to keep your child enrolled Children's Paradise, but we must work together in preventing and maintaining a non-biting environment for all children under our care.

HEALTH AGREEMENT

We recognize the difficulty working parents have when their child is sick. However, for the benefit of other children and your child, we ask that you find alternative childcare when your child is sick.

DAILY HEALTH CHECKS - As the children are brought into the center each day, staff will observe each child for symptoms of illness. Sick children cannot be accepted for care in the program. For the protection of all children in our care, any child showing signs of eye infections (redness/discharge), runny nose, cough, rashes, sores, poor color or unusual appearance will not be admitted into the center.

COLDS/FEVER - If your child has a cold, runny nose and/or cough it is best to keep him/her home for 2 or 3 days during the contagious period. Any child with a temperature will be sent home. If your child becomes ill and is sent home he/she cannot return the next day. We reserve the right to ask for a doctor's note authorizing the return to the center. we will not administer medication. Please do not send medication with your child. Please do not mix medication in with your child's food, drink nor lunchbox and please do not send cough drops or any other candy-type medication with your child. Full tuition must be paid whether your child is present or absent. There are no refunds due to illness.

CONTAGIOUS DISEASES or ILLNESS - The center must be notified as soon as you notice symptoms of a communicable disease. The office will notify you as to when your child is able o return to the center. If your child has been out of the center with a communicable disease (pink eye, strep throat, scarlet fever, head lice, ring worm, hepatitis, etc.), a doctor's release will be required before the child returns.

ALLERGIES/SPECIFIC HEALTH PROBLEMS - The center must be informed of any allergies, seizures, asthma or other specific health problems at the time the child is enrolled. Failure to report specific health problems may result in immediate termination. This information must be kept current in the child's file, so that we can provide appropriate services. If your child has asthma or allergies, please administer medication before coming to the center. SEE THE DIRECTOR ABOUT INHALERS.

EMERGENCY CARDS - In the event that your child becomes ill while at the center, you or another authorized person (Identification will be required) will be called or emailed to come to the center to pick up your child within the hour. The names on the Emergency Card are used for this purpose and must be kept up-to-date at all times. On any given day if parents know that they will be at a different location and phone number, they should leave specific contact information with the teacher.

I have read and understand the rules and guidelines of this Health Agreement. I also understand that if my child is sent home because of illness, they cannot return to the center the following day and that the center does not administer medication.

Parent/Guardian Signature

Date

CHILD BLOOD LEAD TEST COMPLIANCE FORM

In accordance with Section 54.1011 of the City of San Diego's Lead Hazard Prevention and Control Ordinance (effective May 9, 2008), all child care centers or employee child care centers in the City of San Diego are required to collect evidence of a blood lead test for each new enrollment for children between the ages of six months and seven years of age inclusive. Please use this form to have your physician verify the test was completed, and return it to our office. Proof of blood lead screening is to be provided prior to admission, but in no event later than thirty days after admission.

This test can be conducted by your current health care provider and costs are typically covered by most health care insurance plans. If your child is not insured and you need assistance in paying for the blood lead test, or if you would like more information about the ordinance or childhood lead poisoning prevention, contact the City of San Diego's Lead Safe Neighborhood Program at (858) 694-7000, or visit their website at www.lead-safe-neighborhoods.org or email at lead-safe@sandiego.gov.

Parent or legal guardian: _____

Address: _____
Street City Zip

Child's Name: _____

Date of Birth: _____

PHYSICIAN USE ONLY

On _____ the above listed child was screened for lead poisoning in
Date
accordance with applicable criteria mandated by the State of California.

Physician: _____
Print Name

Physician's Signature Date Phone #

Childhood lead poisoning is the greatest *preventable* environmental disease affecting children today. The highest risk is for children under six as their brains and nervous systems are still developing and are more sensitive to the damaging effects of lead. Medical research in the past five years identifies there is no safe level of lead exposure in children. The highest loss of intelligence quotient, an average of 7.3, occurs below the Center for Disease Control and Prevention's level of concern of 10 micrograms of lead per deciliter of blood. Additional research in 2008 shows compelling evidence linking childhood lead poisoning to criminal activity late in life.

Paradise Hills Southern Baptist Church

6038 Cumberland Street
San Diego, CA 92139-3199

Phone (619) 479-4111

www.phsbc.net or childrensparadise.org

CHILD Media Release Form

Authorization for Picture and Name Use

Student Name*

Grade or age

Authorization for Picture and Name Use on Internet/ in newspaper publications/television and all other media:

- I authorize Paradise Hills Southern Baptist Church and Children's Paradise Preschool to use my child's picture and first name on the church/school's website.
*By checking here you also give us authorization to publish work that may be produced by your child. This may include writing and artwork that is scanned into the computer.
Children's last name will not be used on the web site.

- I **do not** authorize Paradise Hills Southern Baptist Church and Children's Paradise Preschool to use my child's picture and first name on the church/school's website.

Father/Guardian Printed Name		Signature	
Email Address		Date	
Cell Phone Number ()			
Mother/Guardian Printed Name		Signature	
Email Address		Date	
Cell Phone Number ()			

COMING SOON!

Children's Paradise Preschool would like to share information with you keeping you up-to-date on our events or in case of any city-wide emergencies.

To get you any information as-soon-as-possible we need your email address. This information will be kept confidential and will not be shared.

YES, I would like to receive information by email.

NO, I do not want to receive information by email.

Father/Guardian Printed Name: _____

Email address: _____

Mother/Guardian Printed Name: _____

Email address: _____