

**PIONEER PRESCHOOL ADMISSION AGREEMENT**

\_\_\_\_\_  
Child's Name

**Basic Services:**

Child Care

Daily	\$22.00	Sibling Discount	\$20.00
1/2 Day Rate	\$16.00	<b>(FOR ADDL. DROP-IN DAYS ONLY)</b>	

Choose One:            T/TH            M/W/F            5 DAYS

Total Weekly Rate    \_\_\_\_\_

Payment is due by the **fifth** of each month. There will be a \$25.00 late charge. A \$25.00 fee will be charged for any returned checks.

A **two week** notice is required prior to discontinuing the program.

Licensing "Inspection Authority" per section #101210 (b) (c) Admission Agreements which references section #101195 (b) & (c) are quoted below:

A. The Department or licensing agency shall have the authority to interview children or staff; and to inspect and audit child or facility records without prior consent.

(1).     The licensee shall make provisions for private interviews with any child(ren), or the staff member and for the examination of all records relating to the operation of the facility.

B. The Department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

**I have read, filled out all information, and received a handbook.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date