



## Enrollment Agreement

I have received a copy of the *Mt. Olive Preschool Parent Handbook* and have reviewed the policies stated within. My signature indicates I understand and voluntarily agree to comply with all policies stated in the Handbook and understand these policies are essential to the effective and efficient operation of a quality child-care program. While all policies must be adhered to, you are confirming your knowledge and understanding of the following select policies, in particular:

- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I authorize Mt. Olive Preschool to provide for transportation of my child to a medical facility or to secure for my child all necessary medical treatment as the professional discretion of the preschool.
- I understand I must provide updated immunization records annually.
- I understand 30-day advanced notice is required to withdrawal or change enrollment status.
- I understand all required tuition rates, fees, payment schedules, methods of payment, and pick-up times.
- I understand how to access the preschool’s calendar.
- I understand my compliance with this *Enrollment Agreement* is a regulation of the Texas Health and Human Services Commission for Child-Care Licensing and must be on file for my child to attend as mandated by the state.

2024-2025 Monthly Tuition			
	7am-6pm	8am-3:30am	8am-12:30pm
M-F	\$1,365	\$1,103	\$840

Parents may contact the preschool office or their child’s teacher at any time for questions, guidance or additional clarification.

\_\_\_\_\_  
Child’s Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent or Legal Guardian’s Name (Printed)

\_\_\_\_\_  
Parent or Legal Guardian’s Signature

\_\_\_\_\_  
Date