Discovery Center Preschool Inc.

103 Hotchkiss St.

Kensington, CT 06037

Date: \_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Discovery Center Preschool Inc. permission to obtain emergency medical treatment for my child in accordance with the policy of the center.

Initial: \_\_\_\_\_\_

I agree to abide by the policies of Discovery Center Preschool Inc. regarding fees, attendance, health, regulations specified by the owners.

Initial: \_\_\_\_\_\_

I am aware of the scheduled center holidays and closings, and that I am still responsible for my child’s full tuition fee.

Initial: \_\_\_\_\_\_

I agree to notify the center two weeks in advance of withdrawal. Such notice will be given in writing.

Initial: \_\_\_\_\_\_

I agree to give a two-week notice should I plan a vacation for my child. I am allowed one week half tuition, with this notice in writing. Any other vacation, I understand that my full tuition is still required.

Initial: \_\_\_\_\_\_

I agree to pay in full any balance remaining prior to my child leaving Discovery Center Preschool.

Initial: \_\_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_