



Re: New Student Enrollment for 2020-2021 school year

Dear Parents,

Welcome to Derbyshire Preschool! Thank you for your interest in our program. We are excited to have your child attend our Preschool.

To register your child for the 2020-2021 school year, please do the following:

- 1) Complete and return the appropriate forms with your Registration Fee of \$150 and the first payment, depending on the payment option you choose, as the nonrefundable deposit to hold your child's spot.
- 2) [Complete the online Registration using the link from our website, www.dbrichmond.org/preschool](http://www.dbrichmond.org/preschool)
- 3) Have the School Entrance Health Form completed by your physician for each child for the new school year and mail it to DPS by August 1st.
- 4) For all NEW students enrolling for the first time, we need to see an original birth certificate.

Mark your calendar! The second tuition payment for the new school year is due by September 1, 2020. The Parent Orientation meeting will be Thursday, September 10th. The first day of school will be Monday, September 14th.

Thank you again for sharing your child with us next year! Please feel free to pass along our brochure to a friend and help us grow our program. We love to welcome new families into our Derbyshire community!

Sincerely,

Megan Hughes, M.Ed.
Director



Derbyshire Preschool Tuition 2020-2021

Derbyshire Baptist Church

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Program	Days Offered	Tuition/Year	Tuition Amount
Cherub Class Options: (6mos.-35 mos. As of 10/1/2020)	2 Days T W Th	\$2,020	
	3 Days T - Th only	3,030	
	4 Days M - Th <u>or</u> T - F	4,040	
	5 Days M - F	5,050	
Preschool Class Options: (3 - 5 years old as of 10/1/20 and fully potty trained) 3 Day class is limited to 3 year olds only. Enrichment (3-5 year old only, fully potty trained) T - Th 12:00-1:45	T -Th (3 year olds only)	\$2,700	
	T -Th + 1 Day Enrichment	3,300	
	T -Th + 2 Days Enrichment	3,900	
	T -Th + 3 Days Enrichment	4,500	
	M -Th (4 Days, all ages)	\$3,600	
	M -Th + 1 Day Enrichment	4,200	
	M -Th + 2 Days Enrichment	4,800	
	M -Th + 3 Days Enrichment	5,400	
	M - F (5 Days, all ages)	\$4,500	
	M - F + 1 Day Enrichment	5,100	
M - F + 2 Days Enrichment	5,700		
M - F + 3 Days Enrichment	6,300		
Enrichment Day(s)	T W TH (Please circle day(s) attending)	\$600 per day for the entire year (Tuition Amount = # days x \$600)	
Early Drop off (Available for all ages) M - F 8:15 - 9:00 AM	M T W TH F (Please circle day(s) attending)	\$272 per day for the entire year (Tuition Amount = # days x \$272)	
TOTAL TUITION			

For Office Use:
Date Rec'd:
Check #:
Amount:

Payment Options:

- Registration \$150
- First Payment _____
- One Payment (Total tuition minus first Payment, due September 1st)
- Quarterly Payments (Total tuition, minus first quarterly payment, divided by 3, due Nov 1st, Jan 1st, March 1st)
- Monthly Payments (Total tuition, divided by 10, with the payments due the first of the month, September-May)



Derbyshire Preschool Contract 2020-2021
Derbyshire Baptist Church

I hereby enroll my child/children, _____ in Derbyshire Preschool, for the 2020-2021 school year.

Payment of Tuition:

I agree to pay \$150 Registration Fee and 1/10th of the yearly tuition, both as a nonrefundable deposit, to hold my child's spot. The remaining tuition/early drop off/enrichment in total of _____ will be paid in _____ installments, yearly/quarterly/monthly of _____ for each payment. Monthly installments are due and payable on or before the first day of each month from September, 2020, through May, 2021. Quarterly installments are due with the registration fee, November 1, January 1, and March 1. I understand that my tuition payments must be paid in full by these dates to ensure my child's place in the school. I further understand that approval for any other arrangement for payment must be obtained prior to the due date(s).

Temporary Withdrawal (Planned absence for 4 or more consecutive weeks)

In the event of a temporary withdrawal and I want to hold child's spot, I understand that I am required to prepay the tuition that is due during my child's absence. Due to DPS' Open Enrollment policy, I understand if these payments are not received, my child's spot can be filled by another student. If I did not prepay the tuition due and the spot is available when I return, to re-enroll, I will have to pay the registration fee of \$150 and the first payment of prorated tuition, then the balance due will need to be paid according to the tuition payment policies.

Permanent Withdrawal

In the event my child must permanently withdraw from school for any reason, except physician recommendation or relocation to another area, I understand that I will not be entitled to any refund of sums previously paid. I will be required to complete the installments through first semester if the child is withdrawn during first semester (September – January) and May 1st if the child is withdrawn during second semester (February – May).

Requested Withdrawal

If the school determines that it is not in the best interest of the child to attend the school, parents will be given written notice of termination. The school will determine the portion of the sums previously paid that may be refunded.

Please sign and return this contract and registration form to the address below.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Derbyshire Preschool: _____ **Date:** _____

Derbyshire Preschool
Attn. Megan Hughes, Director
8800 Derbyshire Road
Richmond, VA, 23229.

Notice to Parents Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they come into contact with viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. We do, however, want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at Derbyshire Preschool will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand-washing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the school.

You, the parents, can help us in our efforts to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the *Communicable Disease Reference Chart*, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return. In our Parent Handbook it states children should not return to school until 24 hours after a fever, without the use of fever-reducing medication.

The symptoms include:

- Fever greater than 100 F, or 37.7 C
- Severe coughing-child gets red or blue in the face
- High-pitched croupy or whooping sounds after coughing
- Difficult or rapid breathing-especially in infants
- Yellowish skin or eyes
- Pinkeye-tears, redness of eyelid lining, followed by swelling and discharge of pus
- Unusual spots or rashes
- Sore throat or trouble swallowing
- Infected skin patches
- Crusty, bright yellow, dry or gummy areas of skin-possibly accompanied by fever
- Usually dark, tea colored urine-especially with a fever
- Grey or white stool
- Headache and stiff neck
- Vomiting
- Severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend Derbyshire Preschool as healthy and happy as possible. We thank you for your cooperation.

Infection Control Policy

Parent Agreement

Please complete, sign and return this form.

Child/Children's Name: _____ **Teacher:** _____

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Derbyshire Preschool.

Signature of Parent/Guardian: _____ **Date:** _____

Medical Release

Child/Children's Name: _____

I hereby authorize Derbyshire Preschool (DPS), to take whatever steps necessary to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the surgery on, and/or the administration of medication to his/her child if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

Signature of Parent/Guardian: _____ **Date:** _____