

Child's Name (Last, First): _____,
(Last Name) (First Name)

Updated 4/9/18



Colonial Early Education Program (CEEP)

The Colwyck Center, 12 Landers Lane, New Castle, DE 19720; Colwyck Office (302) 429-4085

John G. Leach School, 10 Landers Lane, New Castle, DE 19720; Leach Office (302) 429-4055

2018-2019 Parent /Guardian Preschool Contract

Thank you for enrolling your child in the Colonial Early Education Program (CEEP). Please read the Parent Handbook and this contract carefully. Initial and/or sign each section, as indicated. **ALL CEEP families MUST complete this contract.**

Children with IEPs: Children with identified disabilities attend the "regular" school day for free and are offered free transportation. Before Care/After Care (BC/AC), if available, is subject to a fee or to Purchase of Care eligibility.

Typical Peers: "Typical Peers" do not have identified disabilities. They attend via tuition, Purchase of Care (POC), or Early Childhood Assistance Programming (ECAP). Transportation is NOT provided for typical peers.

ECAP: ECAP students may be students with IEPs or Typical Peers, and they attend full-day for free.

Transportation (Check One):

- My child has an IEP, and he/she will ride the bus each day.
- My child has an IEP, and he/she will be a car rider each day.
- My child is a typical peer, and he/she will be a car rider each day.

Tuition and Purchase of Care (POC) Procedures: ALL tuition and POC co-payments must be paid in full when due. Tuition installments for the 2018-2019 school year are due at or before 3:00 PM on the first of each month, consisting of 10 (POC-11) payments; Deposit (Non-POC), (POC/August) Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May. (POC/June). **A \$20 LATE FEE (excluding POC students) may be assessed if payment is not received when due. Your child may be excused from programming due to Non-payment.**

- **Full Day:** Tuition for three and four year old full day typical peers is 10 payments of \$400, for \$4000 per year.
- **Half Day:** Tuition for three year old half day typical peers is \$200 per month, for a total of \$2000 per year.

Purchase of Care (POC)-FOR POC Families: It is a parent/guardian's responsibility to pay the required Parent Co-Pay within one week of receiving the monthly POC Co-Pay Notification from the CEEP office, and to update POC paperwork with DHSS. **Please note that Parent Co-Pay is due at the beginning of the month, BEFORE "services are rendered."** Per DHSS regulations, children who receive POC may not be absent from school more than FIVE days per month. Failure to comply with the attendance requirements may result in the withdrawal of the student. In the event that POC is denied, revoked or not renewed, families are required to pay the tuition rate listed above.

Payments-FOR PAYING FAMILIES: Payments may be made in the form of cash, check, or money order, should be addressed to "Colonial School District," and must be submitted to Dot Wiggins. Please record your child's name in the memo section, if applicable. If you have questions about payments, please contact Dot Wiggins at Dorothy.Wiggins@colonial.k12.de.us or (302) 429-4060. **I agree to comply with the outlined Payment/POC Procedures:**

Initial Here to acknowledge that you have read this page: _____

Date: _____

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Student Day for 2018-2019: I understand that my child is attending (Check One):

- Full day programming at Leach (8:27 AM-3:19 PM)
- Full day programming at Colwyck from 9:30 AM-3:30 PM
- Half day AM programming at Colwyck from 9:30 AM-12:00 PM
- Half day PM programming at Colwyck from 1:00 PM-3:30 PM

Change of Contact Information, Parental Rights, and Guardianship Procedures: Parents/Guardians are to notify the CEEP secretaries in writing regarding any changes in parental rights/guardianship, address, phone number, email, employment, or emergency contact.

I agree to the Contact Information, Parental Rights, and Guardianship Procedures outlined above:

Initial Here: _____ **Date:** _____

Mental Health Consultants: Colonial School District is committed to supporting the needs of all children, and our preschool program benefits from partnerships with Mental Health Consultants who perform general classroom observations. After observations, Mental Health Consultants give staff feedback about overall classroom practices. Mental Health Consultants only work with individual children and/or their parents/guardians when a Parent Consent has been signed by the parent/guardian. **I understand that a Mental Health Consultant may perform general observation in my child's classroom:**

Initial Here: _____ **Date:** _____

Illness, Injury, and Medical Absence Procedures: It is important for children to be in school every day when they are well, and children must stay home when they are ill. Children must stay home for 24 hours if they have a fever (100.6 degrees Fahrenheit), diarrhea, vomiting, or a contagious illness. Children must be fever free for 24 hours, without the use of ibuprofen or acetaminophen, to return to school. Medical documentation is needed to be excused from recess. A parent/guardian must contact the main office via phone, email, or written note no later than 9:00 AM, the same day as the absence, to inform the school of your child's absence. Children who stay home due to illness are to bring a signed note from a parent/guardian describing the reason for absence on the day of return. Please reference CEEP Parent Handbook for the "CEEP Appointment/Illness Note." Children who have been admitted to the hospital for any reason are to contact the nurses to obtain the necessary protocol for returning to school. Children who have sustained an injury and need modifications made to their school day need medical documentation describing the care that is needed at school. Children who have been ill for three or more days are required to bring a doctor's note when returning to school. Children who are under a doctor's care for an ongoing illness or medical condition are to share medical documentation with the nurses. **I agree to comply with the Illness, Injury, and Medical Absence Procedures outlined above:**

Initial Here: _____ **Date:** _____

Parents Right to Know Notice: Under the Delaware Code, parents/guardians are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility's record, contact the Administrative Specialist, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza, Hagley Building, Wilmington, DE 19810. Phone (302) 892-5800. You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at <http://www.apex01.kids.delaware.gov:8081/occl/> **I understand that I may contact OCCL to view this information:**

Initial Here: _____ **Date:** _____

Screen Time Permission: Children over the age of two may have educational videos, movies, or games incorporated into their curriculum. These may be viewed on a SMARTboard, computer, or tablet. **I understand that CEEP students will have access to 30 minutes or less of educational screen time per week.**

Initial Here: _____ **Date:** _____

I have read or will read the Parent Handbook in its entirety. I have initialled under the required areas on this Contract, and I agree to comply with all of the procedures outlined in the Parent Handbook and this in Contract.

Print Name: _____ **Sign Here:** _____ **Date:** _____