



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

The Lighthouse MDO/Preschool  
 3701 W. Spring Creek Pkwy, Plano, TX 75023  
 972-208-4803

## POLICIES AND PROCEDURES

Although all policies and procedures in the Parent Handbook are important, The Lighthouse would like to emphasize the following for the overall well-being of the school. Please read and initial next to the following policies:

### Tuition Policies

	Initials
I understand that tuition is an annual tuition that is divided evenly into 9 monthly payments.	
I understand that tuition is considered late after the 5 <sup>th</sup> of each month. A late fee of \$25 will be charged to my account after the 5 <sup>th</sup> .	
I understand that an Activity/Supply Fee is due upon enrollment.	
I understand there are no credits to my child's account for illness, holidays or partial week attendance.	
I understand a two-week written notice is required when withdrawing. A charge of up to two weeks will be incurred for improper notification.	
I agree to pay the monthly tuition rate throughout my child's enrollment, including the 2-week withdrawal notice period.	

### **Other Important Policies**

I understand The Lighthouse does not have the right to withhold my child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the school must have a copy in the child's file. The Lighthouse cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes. My child will be dis-enrolled if such disputes occur.	
I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature (see Parent Handbook for details), severe headaches, upset stomach, vomiting, pink eye or diarrhea, he/she cannot be accepted in the center until well. <b>CHILDREN MUST BE FEVER FREE FOR 24 HOURS (without fever reducing medication)</b> before returning to the school. In the event my child has a communicable disease, a release form from a medical source may be required before my child re-enters the school. The Lighthouse will notify me if a reportable disease has been introduced into the school.	

<b>Lighthouse Policies &amp; Procedures continued</b>	
I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. The school requires written authorization from my child's physician to accompany any medication. Over-the-counter drugs can only be dispensed by The Lighthouse if proper dosage is on the bottle of medication. Medication is administered once daily at 11 am.	
I understand that I must pick up my child promptly are either 12:30 or 2:00, depending on scheduled class ending time. I will be charged a late fee of \$1.00 per minute for children picked after 12:35 / 2:05. Exceptions will be considered in emergency situations. I will call the office if I am running late. My child will be cared for by The Ark after 2:30 pm.	
I understand that my child's classroom learning and circle times begin by 9:30 am and my child will receive maximum benefit from their classroom experience by being in class by 9:30 am.	

**HANDBOOK ACKNOWLEDGEMENT**

*I have read and understand the above statements. I have received and agree to abide by all policies and procedures of The Lighthouse as outlined in this agreement and the Parent Handbook.*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO POLICY AGREEMENT**

- ❖ I give The Lighthouse permission to take my child's photograph while at the center. I authorize The Lighthouse to use photographs taken to advertize and promote within the school.
- ❖ I give The Lighthouse permission to use photos taken for advertising on the website and/or paper advertising. I understand the photos will not be used to harm the child or his/her reputation in any way.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Manager's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_