

Rainbow of Promise Early Learning Program- Contact

This contract is between Rainbow of Promise Early Learning Program (ROPELP) and

for student(s): _____.

By signing, you agree to ALL terms stated in our parent handbook. Please make sure you have read the handbook as well. Thank you!

❖ Attendance

1. Rainbow of Promise runs closely with Poudre School District calendar
2. Please check your ROP calendar for holidays and brakes
3. If your child becomes sick at school, parents will be called for pickup
4. Please do not bring children to school sick or unable to participate in our day

I understand and agree to the above.

Parent Signature _____ Date _____

❖ Medication and First Aid

1. Medication should be given before and/or after school
2. Medication given at school (such as inhalers, epi pens, or other emergency medications) must be accompanied by signed permission (parent AND doctor)
3. No medication of any kind will be given without permission.

I understand and agree to the above.

Parent Signature _____ Date _____

❖ Required Items

1. Please check the supply list for items your child is required to bring to class
2. By signing, I agree to the items listed in the parent handbook/supply list
3. Toys are not allowed in class unless for a scheduled show & tell day
4. All items must have the child's name on them

I understand and agree to the above.

Parent Signature _____ Date _____

❖ Gross Misconduct

1. If a child makes a “bad choice” they will be re-directed to a “good choice”
2. Positive re-enforcement will always be used before negative consequences
3. With our reward system, children earn prizes for a job well done!
4. Children are given one warning and re-directed
5. If behavior continues, time out is 1 minute per year of age
6. Gross Misconduct may result in immediate termination
7. Parents are responsible for any and all toys and/or other items broken by your child not due to normal wear and tear

I understand and agree to the above.

Parent Signature _____ Date_____

❖ Payment

1. Your child’s tuition will be \$_____ for the 20____/20____ school year
2. Discount will be applied if paying yearly
3. Payment will be made (circle one) monthly yearly
4. Payment is due the last Thursday of each month by 12:30pm
5. A \$10 late charge will be added to your bill per day (at 12:30pm), if payment is late
6. Child will not be permitted to attend class without payment
7. Tuition does not change based on attendance or holiday’s
8. Payment can be made in cash, personal check, credit/debit card, or online
9. Payments made with credit cards will have an additional charge

I understand and agree to the above.

Parent Signature _____ Date_____

I understand that my first tuition and enrollment fee must be paid before starting, and that child will not be allowed to attend class without payment.

I _____ understand and agree to the above.

Parent(s) Signature _____,

Provider Signature _____ Date_____