

# PARENT ENROLLMENT CONTRACT

Name of Child ..... Enrollment Date .....

Circle Days to attend:    M    T    W    TH    F    S            Approximate times to attend: From: ..... To: .....

I agree to pay on the first day of attendance each week a tuition fee of \$.....  
 (Tuition Fees subject to change with prior notice.) I understand that, due to fixed costs, I am obliged to pay the tuition fees for the schedule that I have selected whether or not my child attends. If my child is absent I may use my 2 weeks vacation allowance.

I give permission for my child to be photographed and understand that my child's photo may appear in newspaper articles, on **All Aboard Preschool's** website, and other professional and community publications.

3, 4, & 5 year old children at All Aboard are screened annually by the Lee County Health Department for height, weight, vision, and hearing. The results will be given to you. Please fill out the information below. If your answer is "yes" to any of the questions, please describe the problem on the back of this form. Your signature on this form gives your consent to this screening.

<b>VISION</b>	Does your child.....		<b>HEARING</b>	Does your child.....	
have a history of eye/vision problems?	Yes	No	have a history of hearing problems?	Yes	No
seem to have trouble looking at things?	Yes	No	have frequent ear infections?	Yes	No
have crossed or misaligned eyes?	Yes	No	have "tubes" in his/her ears now?	Yes	No
complain of blurred or double vision?	Yes	No	if so, which ear?	Right	Left
wear glasses?	Yes	No			
see an eye doctor regularly?	Yes	No			

I have read and understood **ALL ABOARD PRESCHOOL's** General Policies and Rules.

Signature..... Date .....

How did you hear about us? .....

## LIBRARY AND PARKS PERMISSION

***For parents of Einsteins and Sea Lions only (School age and pre-Kindergarten children) -***

I give permission for my child to be transported in an **All Aboard** van to the Cape Coral library on the class' designated library days. I understand that these days will be marked on the office calendar.

***For parents of Einsteins only (School age children) -***

I give permission for my child to go to local parks and libraries during the vacations, on early dismissal and school off days. I understand it is my responsibility to let the center know if my child may not attend.

Signature..... Date .....