

KOINONIA
DAYCARE-PRESCHOOL-KINDERGARTEN
308 Main Street
West Newbury, MA 01985
(978) 363-2471

PARENT CONTRACT

CHILD'S NAME _____ DATE OF BIRTH _____

PARENT NAME(S) _____

ADDRESS _____

TELEPHONE NUMBER (home) _____ (work) _____

STARTING DATE _____ CLASS _____

ATTENDANCE (circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

MORNING SESSION

AFTERNOON SESSION

FULL DAY

KINDERGARTEN

I have read the parent handbook. I understand and agree with the philosophy and policies of this program.

I agree to call the school in the morning if my child(ren) will be late or absent.

I understand that tuition is due in full by the Friday preceding each week of scheduled

I agree to keep Koinonia staff informed as to changes in address, emergency phone numbers, medical exams and other changes that may affect the care and safety of my child(ren).

Parent Signature _____

Date _____

Parent Signature _____

Date _____