

PINELLAS COUNTY SCHOOLS  
**VOLUNTARY PREKINDERGARTEN PARENT AGREEMENT**  
**SCHOOL YEAR PROGRAM**

Parent/Guardian should READ and INITIAL each statement below.

- \_\_\_\_\_ I will be sure my child arrives and is picked up on time each day.
  
- \_\_\_\_\_ I understand transportation is not provided by the district for this program.
  
- \_\_\_\_\_ I understand a late pick-up fee of \$5.00 for each 15-minute increment or any part of 15 minutes may be charged.  
I understand this fee must be paid for my child to continue in the program.
  
- \_\_\_\_\_ I will sign my child in and out of the classroom each day.
  
- \_\_\_\_\_ I will sign the Verification of Student Attendance (Long Form) at the end of each month.
  
- \_\_\_\_\_ I will send a note for each day my child is absent and a note from the doctor if absent more than five (5) days.
  
- \_\_\_\_\_ I understand that my child may not be absent more than 20% of the program. In the event my child exceeds the permitted absences, he/she may be withdrawn from the program.
  
- \_\_\_\_\_ I will read and abide by all policies in the current Pinellas County Schools Code of Student Conduct and the VPK Parent Guide.
  
- \_\_\_\_\_ I understand that this school may not be my child's school for Kindergarten - 5th Grade.
  
- \_\_\_\_\_ I understand that I must present my child's VPK Certificate of Eligibility (voucher) to the school before my child can attend the program.

- \_\_\_\_\_ I will pay my child's non-refundable registration fee at the time of registration. This fee will be applied to the last two weeks' tuition at the end of the program. If my child leaves before the end of the program or becomes eligible for another program (e.g., ESE), I understand the registration fee will be applied to any remaining balance owed and the remainder, if any, will be forfeited.
  
- \_\_\_\_\_ I will pay my child's weekly tuition in advance the Friday before the upcoming week at all times. All weeks must be paid for even if my child does not attend or there is no program (with the exception of Thanksgiving, winter, and spring breaks). All weeks are \$65 as the rate has been equalized over the year (e.g., no weeks are prorated).
  
- \_\_\_\_\_ I understand if I do not make tuition payments on time, my child may be dismissed from the afternoon portion of the program.
  
- \_\_\_\_\_ I understand if a check is returned for non-sufficient funds (NSF), the school may request that future payments be made in the form of cash, money order, or cashier's check.
  

**OR**

- \_\_\_\_\_ My child will not be attending beyond the three (3) hour a day VPK program.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Office Staff Signature**

\_\_\_\_\_  
**Date**

White - School

Yellow - Parent/Guardian