

**2020-2021 PRESCHOOL**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Acknowledgement of receipt of program pricing, dates and times

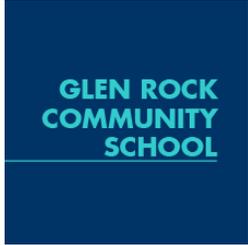
<b>2 YEAR OLD</b>
<b>TWO DAYS</b>
Thurs & Fri (Thurs Sept 10 – Fri June 11)
8:45am – 11:30am
Annual \$2300

<b>3 YEAR OLD</b>
<b>THREE DAYS</b>
Mon - Wed (Mon Sept 14 – Wed June 9)
8:45am – 12:45pm
Annual \$4000

<b>PRE K (4's &amp; 5's)</b>	<b>PRE K (4's &amp; 5's)</b>
<b>FIVE DAYS (FULL DAY)</b>	<b>FIVE DAYS (HALF DAY)</b>
Mon-Fri (Thurs Sept 10 – Fri June 11)	Mon -Fri (Mon Sept 14 – Fri June 11)
8:45 am – 3:00 pm	8:45 am – 12:45 pm
Annual \$8400	Annual \$5200

**\*Snack, lunch and drinks are not provided. We are a nut free school.**

**\*Nap mats are provided for students in programs 5 hours or more.**



**GLEN ROCK COMMUNITY SCHOOL 2020-2021 REGISTRATION**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents, please initial all of the boxes.

**Deposit**

The first month's tuition, last month's tuition, and registration fee of \$75 are due at registration.

**Payment Plan (please check one)**

\_\_\_ One time payment for the year. A 5% discount will apply if tuition is paid in full at registration, plus registration fee.

\_\_\_ The School Year has an Eight payment plan (October – May). Two months are collected up front for deposit, totaling 10 payments.

**Payment Due Date**

I/We understand that payments are due by the 1st of the month. If payment is received after the 5<sup>th</sup> of the month, a \$25 late fee will be assessed and I/We agree to pay the fee. If late payments continue to occur, the student may be asked to withdraw from the program.

**Auto Pay**

Unless otherwise discussed with the GRCS office, Auto Pay is required. See additional sheet.

**Tuition Obligation**

Parents understand that Student is being enrolled for the entire School Year or period covered by this Contract. Parent is liable for the contract even if the Student is withdrawn for any reason, including but not limited to: absent, involuntarily separated, change of residence, moving, health, and expulsion.

**Termination Procedure**

Parent may terminate this Contract by submitting written notification to the Director of the Community School. Once the School Year has begun the Contract will be terminated on the last day of the month written notification is received. Verbal notification of withdrawal is not accepted as withdrawal from the program. Parents are responsible for the remainder of the contract as outlined on the next page.

Student Name \_\_\_\_\_

**Withdrawal Dates, Refunds and Family Responsibility**

Withdrawal	Refund
By Mar 16,2020	50% of the deposit
Withdrawal	Family Responsibility
Mar 17,2020– Sept 1,2020	Deposit (first and last month) + 1 month tuition
Sept 2,2020- Jan 31,2021	Remainder of current month's tuition (Sept was paid in deposit) + Deposit (last month) + 4 months tuition
Feb 1,2021– Apr 1,2021	Remainder of current month's tuition + Deposit (last month) + 1 month tuition

I/We understand there will not be any refunds for any day(s) that my child is absent or that the program does not run due to emergency closings, weather related closings, or delays as determined by the school district.

I/We understand that if I withdraw my child from the program, all unpaid balances are due.

**Drop Off/Pick Up**

I/We understand that for the safety of my child, I will be personally responsible to see that my child reaches the classroom. I understand that I am responsible to pick up my child in the classroom. I/We understand that if someone other than me is going to assume responsibility for drop-off or pick-up of my child I/We must inform the teacher in writing prior to the arrangements occurring.

**Student Health**

I/We understand that I/We must notify the Glen Rock Community School office of my child's allergies or health concerns. If my child uses an EpiPen, we are responsible for providing a separate, unexpired EpiPen for the classroom.

In the event of an emergency, I/We give permission to the teacher to have my child treated by medical personnel. The teacher will make reasonable attempts to contact the parent or emergency contact prior to emergency medical treatment.

**Low Enrollment**

If the enrollment is not sufficient to support the operations of the program, or the program is otherwise terminated, I/We will receive a full refund of all unused tuition fees paid.

Student Name \_\_\_\_\_

**Liability**

I shall indemnify and hold harmless the Glen Rock Board of Education from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of the Glen Rock Board of Education.

**Teacher and Room Assignment**

The Community School does not take requests for specific teachers. We do not guarantee the teacher, school or the room the class will be located. Families will be notified in August of their child's teacher and room assignment.

**Field Trips**

My child has permission to leave school for field trips (walking/school bus) \_\_\_Yes \_\_\_No

**Photographs**

My child's photograph may appear on classroom materials, in local media or on school social media.

\_\_\_Yes \_\_\_No

**Class Lists**

A parent's email address may be shared with the class \_\_\_ Yes \_\_\_ No

Email address(es): \_\_\_\_\_

**Parent Handbook**

I have received a copy of the Parent Handbook.

## **FAMILY INFORMATION**

### **Child's Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous School(s) Attended & Years: \_\_\_\_\_

\_\_\_\_\_

Student Name \_\_\_\_\_

Allergies and reactions: \_\_\_\_\_

Additional medical information: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent 1 Information**

Name \_\_\_\_\_

Address, City, State, Zip if different from above \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ City, State \_\_\_\_\_

Email address \_\_\_\_\_

**Parent 2 Information**

Name \_\_\_\_\_

Address, City, State, Zip if different from above \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ City, State \_\_\_\_\_

Email address \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Student Name \_\_\_\_\_

**SIGN UP MY CHILD FOR PRESCHOOL 2020-2021**

Please check the appropriate program.

**Pre-K (4&5 year olds)**     5 day Half Day     5 day Full Day

**Interested in:**             Before Care     After Care

**3 Year Old Program**     3 day    \*children must be potty trained in 3 Year Old and Pre-K programs

**2 Year Old Program**     2 day     Potty Trained     Not Potty Trained



**Payment Amounts**

I/We are signing up for an annual tuition of \$ \_\_\_\_\_

Our deposit amount is (first month, last month +\$75 registration) \$ \_\_\_\_\_

I/We will be billed monthly for 8 months (Oct-May) \$ \_\_\_\_\_/per month

I/We will pay the annual tuition in one payment \_\_\_\_ Yes \_\_\_\_ No

***Both parents must sign this agreement.***

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Date \_\_\_\_\_

Deposit Amount Received \$ \_\_\_\_\_ Date \_\_\_\_\_

Method of Deposit \_\_\_\_\_

Notes:



### AUTO BILL PAY AGREEMENT

Tuition payments are due by the 1st of each month for Glen Rock Community School (GRCS) Preschool. Tuition is non-refundable.

**Student's name (one agreement per student)** \_\_\_\_\_

**What program(s) would you like to pay for using the automatic bill pay service?**

Preschool

\$ \_\_\_\_\_ /per month

**Automatic credit card draft**

I hereby authorize Glen Rock Community School/Kinderlime to automatically draft the following credit card draft for my child's tuition. Charges not honored at the time of charge will incur a \$35 service fee. If tuition should be revised for any reason on my part, I give permission to Glen Rock Community School/Kinderlime to charge my credit card accordingly. This agreement remains in effect until June 30, 2021 or until GRCS receives written notice of cancellation from me.

**Credit Card Information**  American Express  Discover  MasterCard  Visa

Credit card number \_\_\_\_\_ Exp. date \_\_\_\_\_ Security code \_\_\_\_\_

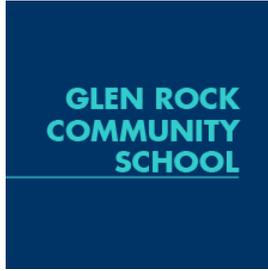
Name as appears on credit card \_\_\_\_\_

Billing address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CREDIT CARD AUTHORIZATION FORM**

**Student's name (one agreement per student)** \_\_\_\_\_

**Card Holder Information**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Payment Authorization**

Credit Card Information     American Express     Discover     MasterCard     Visa

Credit Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_ Security code \_\_\_\_\_

Name as appears on credit card \_\_\_\_\_

I, \_\_\_\_\_ authorize Glen Rock Community School/Kinderlime to process a charge against my credit card account in the amount of \$ \_\_\_\_\_

for Preschool application fee and deposits.

Signature \_\_\_\_\_ Date \_\_\_\_\_