



2019-2020 PRESCHOOL

MOM & TOT	2 YEAR OLD	2 YEAR OLD
ONE DAY	TWO DAYS	TWO DAYS (+ THURS LUNCH)
Fri for 12 weeks Session 1: begins Oct 11 Session 2: begins Feb 21	Thur & Fri (Sept 19 – May 29)	Thur & Fri (Sept 19 – May 29) Lunch Bunch Thurs only
12 pm – 1:30 pm	8:45 am – 11:30 am	8:45 am – 12:30 pm
\$400 per session	Annual \$2000	Annual \$2600

3 YEAR OLD	3 YEAR OLD	3 YEAR OLD	3 YEAR OLD
TWO DAYS (HALF DAY)	THREE DAYS (HALF DAY)	FIVE DAYS (HALF DAY)	THREE DAYS (FULL DAY)
Thurs & Fri (Sept 19 – June 12)	Mon -Wed (Sept 16 – June 12)	Mon - Fri (Sept 16 – June 12)	Mon-Wed (Sept 16 – June 12)
8:45 am – 12:00 pm	8:45 am – 12:00 pm	8:45 am – 12:00 pm	8:45 am – 2:00 pm
Annual \$2600	Annual \$3600	Annual \$4800	Annual \$4800

PRE K (4's & 5's)	PRE K (4's & 5's)	PRE K (4's & 5's)
THREE DAYS (EXTENDED DAY)	FIVE DAYS (HALF DAY)	FIVE DAYS (FULL DAY)
Mon, Tues, Wed (Sept 16 – June 12)	Mon -Fri (Sept 16 – June 12)	Mon-Fri (Sept 16 – June 12)
8:45 am – 1:45 pm	8:45 am – 12:30 pm	8:45 am – 3:00 pm
Annual \$6250	Annual \$4950	Annual \$8400

***Once a student turns 5 years old, they are eligible to sign up for Before and After Care.**

***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 2019-2020 AGREEMENT

Student Name _____ Birthdate _____

Both 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 5th 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. If the Student is withdrawn for any reason, including but not limited to: absent, involuntarily separated, change of residence, moving, health, and expulsion, parents are liable for the amount indicated in the *Withdrawal Dates, Refunds and Family Responsibility* section of this agreement.

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 school month the written notification is given to the School Director.

Student Name _____

Withdrawal Dates, Refunds and Family Responsibility

Withdrawal	Refund
By Mar 15,2019	50% of the deposit
Withdrawal	Family Responsibility
Mar 16,2019– Sept 8,2019	Deposit (first and last month) + 1 month tuition
Sept 9,2019- Dec 31,2019	Remainder of current month’s tuition (Sept was paid in deposit) + Deposit (last month) + 4 months tuition
Jan 1,2020– Apr 1,2020	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, and have an outstanding balance, I or any member of my immediate family will not be permitted to register for any Glen Rock Community School program/trip/class/camp including driver’s education, or be considered for employment, until the balance is paid in full.

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 & Emergency

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. My child has an EpiPen ____ Yes ____ No.

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.

 Liability

I/We shall indemnify and hold the Glen Rock Board of Education harmless from any and all claims for injuries and damages and costs that may be incurred in connection with my child attending the Community School program, including the reimbursement of reasonable attorney's fees, unless caused by the negligence of the Glen Rock Board of Education and the Community School.

 Teacher and Room Assignment

The Community School does not take requests for specific teachers. We do not guarantee the teacher 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): _____

 Specific Requests

I/We understand that any specific requests that I have regarding my child must be discussed with my child's teacher in advance so that it can be determined if, in fact, my request can be accommodated.

FAMILY INFORMATION

Child's Info: Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Previous School(s) Attended & Years _____

Parent 1 Info: Name _____

Address, City, State, Zip if different from above _____

Cell Phone _____ Home Phone _____

Employer _____ City, State _____

Email address _____

Parent 2 Info: Name _____

Address, City, State, Zip if different from above _____

Cell Phone _____ Home Phone _____

Employer _____ City, State _____

Email address _____

Emergency Contacts: Name _____

Cell phone _____ Email address _____

Name _____

Cell phone _____ Email address _____

Medical & Dental Information

Pediatrician Name _____ Phone Number _____

Medical Insurance _____ Policy# _____

Dentist Name _____ Phone Number _____

Dental Insurance _____ Policy # _____

Student Name _____

SIGN UP MY CHILD FOR PRESCHOOL 2019-2020

Please check the appropriate program.

PreK (4&5 year olds) 3 Extended day 5 Half day 5 Full day

*Children must be potty trained upon entering

3 Year Old Program 2 Half day 3 Half day 5 Half day 3 Full day

2 Half day + 3 Full day

*Children must be potty trained upon entering

2 Year Old Program 2 day 2 day + Lunch Bunch Thurs only

Potty Trained Not Potty Trained

Mom & Tot Session 1 Session 2 Session 1 & 2



Payment Amounts

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

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

A. I/We will be billed monthly for 8 months (Oct-May) \$ _____/per month –or-

B. I/We are paying the full tuition, deposits and registration at sign up (5% discount) \$ _____

Both parents must sign this agreement.

We agree to comply with the terms of the contract as a condition of enrollment.

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____

FOR OFFICE USE ONLY

Registration Date _____

Deposit Amount Received \$ _____ Date _____

Method of Deposit _____

Notes: