



Dear Parents/Guardians,

Please read this and all other information carefully. This family contract represents your commitment to Circle of Friends Preschool.

Special notes to parents:

Circle of Friends Preschool (COF) budgets with the expectation of full enrollment, and our budget comes from your tuition payments. We are committed to pay our staff on the basis of your commitment to pay tuition. ***Please understand the Teacher's salaries are calculated on and dependent upon a full roster of paying families.***

A student is considered enrolled in COF when a signed contract is submitted and/or registration fees are paid. This payment is due at the time of Registration each year and is non-refundable, even if the student withdraws from the program before or during the school year. In case of a withdrawal, the preschool will conduct a due and diligent search to find another student to fill the space. ***If a qualified student cannot be found to replace the withdrawn student, then in addition to forfeiting the entire deposit, the Contract will remain in effect until a qualified student is enrolled in the preschool.***

Once your student is enrolled, the payment of tuition is a contractual obligation.

If you withdraw your student, you must pay the balance of the tuition as it becomes due until we are able to fill that students spot with a new student on the waiting list, which we do as quickly as possible. However, if we are unable to fill your student's spot from the waiting list, you must pay the entire balance of the tuition as it becomes due for the remainder of the school year.

As always, please let us know if you have any questions or concerns.

Kindly,

Circle of Friends Board of Trustees

PO Box 152
North Greece, NY 14515
(585) 392-4010

We, (parent/guardians first and last names) _____,
parent/guardians of (student's first and last name) _____, hereby
enroll our student in the Circle of Friends Preschool program. Upon signing this document, we understand
that we enter into agreement with the following terms. We understand that failure to fulfill the terms of
this contract, subsequent to acceptance into the program, could jeopardize our student's position in the
school as well as the integrity of the program. In consideration for the payment of tuition, set forth
hereafter, Circle of Friends Preschool agrees to provide preschool educational services to the student
named above. By signing this contract, we understand we are responsible for the following:

We, the parents/guardians acknowledge that the Circle of Friends Preschool is a cooperative school.
We understand that a cooperative school is a program owned and run by the sum of its
parent/guardian members, and that we are required to participate in the classroom as a
parent/guardian helper (3-5 times/year depending on class size), attend monthly field trips with our
student, and assist in at least one committee that helps run the school.

As parent/guardian members of Circle of Friends Preschool, we understand our specific duties as:

1. One or both parents/guardians shall work as a classroom helper, assisting the teacher and teacher's aide in the classroom for an assigned number of sessions (dates decided upon mutually with other parents/guardians and the class chairperson at orientation night in August).
2. On our designated parent/guardian helper days we will provide a healthy snack and beverage for all children in our student's class, as health guidelines allow.
3. We will provide transportation for our student to and from Circle of Friends Preschool, as well as to school sponsored field trips.
4. We are required to attend the parent/guardian orientation/budget meeting held in August prior to the school's opening.
5. We are required to remain informed of program scheduling and issues via the school's monthly newsletter, bulletin board (at the entry of school), as well as email and meeting communications from our teachers and class chairperson (whom we will meet at orientation night in August).
6. We will give strong consideration to the possibilities of serving on the school board or special committees if so nominated.
7. We understand that fundraising activities are conducted to control tuition rates and provide equipment for the school.

Child School Entrance Qualifications

1. In order to enter school in September, the student in the four-year-old class must be four (4) years of age on or before December 1st. Students entering the three-year-old class must be three (3) years of age on or before December 1st.
2. Students are encouraged to be potty trained. Parent/guardian will be contacted if you student has an accident.
3. The immunization form as well as parent contract must be completed and signed before your student can attend school.

Sick Policy

A student will not be allowed to attend class and should be kept home from school for any of the following reasons for the safety of other students and staff:

- Vomiting/diarrhea in the last 24 hours
- Excessive cough or runny nose
- Fever above 100.4 within the last 24 hours
- Head lice-until properly treated
- Severe sore throat. Strep throat-must be taking antibiotics for at least 24 hours before returning
- Pink eye-must be taking antibiotics for at least 24 hours before returning
- Any contagious illness

Teachers must be notified of any of the above, please call (585) 392-4010.

Termination of Enrollment Policy

When a student behaves in such a way that it interferes and disrupts the program and renders the children or staff unable to participate in the school’s educational program.

If a student requires a major part of the teacher’s attention, the teacher shall discuss the situation with the parents/guardians involved. If the situation does not subsequently improve and is detrimental to the school, then the Board of Trustees/School Board may decide to ask the parents/guardians to withdraw the student from the school.

If parents/guardians are not able to fulfill their obligations as members of the school, the Board of Trustees shall first discuss the situation with the parents/guardians involved and then may ask these parents/guardians to withdraw their student from the school.

Medical Information

Health Insurance: _____

Hospital of Choice: _____

Primary Care Doctor: _____

I, _____ agree that in the case of an accident or injury, emergency medical care may be given in the event I or the person designated cannot be reached.

Signature of Parent/Legal Guardian

Date

Photo Authorization

I give permission for my student to be photographed and/or video recorded to be used on the school website, all school social media sites, and our private Shutterfly site.

Signature of Parent/Legal Guardian

Date

Tuition

1. Tuition will be in the amount of \$_____ for the academic year and is due according to the agreed upon payment schedule.
2. If payment is more than ten (10) days late, a \$15.00 late fee will be added to the tuition payment.
3. I will meet required tuition payments whether or not my student attends every scheduled day of class. I understand that no tuition reductions or refunds are made for holidays, absences, and/or school closings.
4. My student will be registered for the full academic year, as indicated in the parent/guardian information packet.
5. My student is considered enrolled in the Circle of Friends Preschool when a signed contract is submitted and/or registration fees are paid.
6. The registration fee, and tuition are non-refundable, even if my student withdraws from the program before or during the school year.
7. In case of a withdrawal, the preschool will conduct a due and diligent search to find another student to fill the space.
8. If a qualified student cannot be found to replace the withdrawn student, then in addition to forfeiting the entire deposit, the contract will remain in effect until a qualified student is found and enrolled (when a signed contract is submitted and/or registration fees are paid).
9. I am responsible for tuition through the end of the school year, unless a replacement is found.

Agreements

I consent to the enrollment of my child listed above in this facility and have been informed and agree to all policies and procedures under which it operates.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Circle of Friends Preschool

Date