



GLEN ROCK COMMUNITY SCHOOL PRESCHOOL 2022-2023 AGREEMENT

Student Name _____ Birthdate _____

Parents, please initial all of the boxes.

Acknowledgement of receipt of program pricing, dates and times

3 YEAR OLD	3 YEAR OLD
FIVE DAYS (FULL DAY)	FIVE DAYS (HALF DAY)
Mon-Fri (Thurs Sept 8 – Wed June 21)	Mon -Fri (Thurs Sept 8 – Wed June 21)
9:00 am – 3:00 pm	9:00 am – 12:00 pm
Annual \$8800	Annual \$4900

PRE K (4's & 5's)	PRE K (4's & 5's)
FIVE DAYS (FULL DAY)	FIVE DAYS (HALF DAY)
Mon-Fri (Thurs Sept 8 – Wed June 21)	Mon -Fri (Thurs Sept 8 – Wed June 21)
9:00 am – 3:00 pm	9:00 am – 12:45 pm
Annual \$8800	Annual \$5400

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

Deposit

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

Payment Plan

____ The School Year has an Eight payment plan (October – May). Two months are collected up front for deposit (September and June), 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.



GRCS Preschool

Student Name _____

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 If the student is withdrawn for any reason, including but not limited to absence, involuntarily separated, change of residence, moving, health, expulsion, or loss of child care, parents are liable for the amount of tuition in the “Withdrawal Dates, Refunds and Family Responsibility” sections of this Agreement.

Termination Procedure

Parent may terminate this Contract by submitting written notification to the Director of the Community School at least thirty days in advance of the last date of enrollment. Once the School Year has begun the Contract will be terminated on the last day of the month after the thirty day notice period expires. Verbal notification of withdrawal is not accepted as withdrawal from the program. Parents shall be liable for the amount of tuition indicated in “Withdrawal Dates, Refunds and Family Responsibility” sections of this Agreement.

Refunds Due to School Closing

Tuition reimbursement regarding days closed (for 3 year old families only as they will not have virtual learning) (this would only apply if virtual learning was not offered or discontinued for Pre-K): If school is closed due to any circumstances outside of planned closings, tuition will not be refunded if school is closed for up to 5 consecutive school days. Families will be credited/refunded for day 6 (the 6th consecutive school day of closure) and any consecutive days after that school is closed due to unplanned closure (without virtual learning). Families will be credited/reimbursed based on pro-rating their schedules. Reimbursement will be in the form of credits on the family Community Pass account. If the refund applies to May (the last month of payment on the payment plan) or June (which was pre-paid at registration), the refund will be issued via check and not a Community Pass credit.

Virtual Classes

Pre-K classes only. If school is virtual due to weather, safety, or other factors, and Pre-K is able to run virtually for the day, Pre-K class will be virtual. If the class receives enough notice, and a student does not have access to a device, the preschool will make an effort to loan a device for the virtual day(s). If the virtual day(s) is/are announced last minute, devices may not be available to be borrowed. Tuition will not be reimbursed due to lack of device. Virtual days will be half day only. If virtual days continue beyond 5 consecutive school days, on the 6th consecutive school day, the tuition will be adjusted for Pre-K full day students to the tuition of a Pre-K half day student until the class returns to a full day schedule. Refunds will be in the form of tuition credit to the family Community Pass account. If the refund applies to May (the last month of payment on the payment plan) or June (which was pre-paid at registration), the refund will be issued via check and not via a Community Pass credit.

Three year old classes will not be held virtually.



Student Name _____



Withdrawal Dates, Refunds and Family Responsibility

Withdrawal	Refund
By May 2, 2022	50% of the deposit
Withdrawal	Family Responsibility
May 3, 2022 – Sept 7, 2022	Deposit (first and last month) + 1 month tuition
Sept 8, 2022 - Jan 31, 2023	Remainder of current month's tuition (Sept was paid in deposit) + Deposit (last month) + 4 months tuition
Feb 1, 2023 – Apr 3, 2023	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. Nor that the program does not run due to emergency closings, weather related closings, or delays as determined by the school district (up to 5 consecutive school days).

I/We understand that if I withdraw my child from the program, all unpaid balances are due. If the unpaid balance is not paid and the Board of Education has to file a lawsuit to collect the unpaid balance, the Parents shall be responsible for reimbursing the Board of Education for reasonable attorney's fees incurred to collect the unpaid balance and cost of litigation. In addition, the Parents and their family shall be precluded from enrolling in any program, course or activity offered by the Glen Rock Community School.



Drop Off/Pick Up

I/We understand that I/We shall be personally responsible to see that my child reaches the assigned drop off location, and that I/We are responsible to pick up my child from the assigned pick up location. 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 Name _____



GRCS Preschool

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.

Check this box ONLY, if your child has an EpiPen

 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, 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 and cost of litigation, unless caused by the negligence of the Glen Rock Board of Education and the Community School.

Despite taking the necessary precautions and following the CDC guidelines, there exists the possibility that someone participating in one of the Community School activities may contract COVID-19. As a result, notwithstanding anything contained in this contract to the contrary, anyone who participates in an activity of the Community School assumes the risk of contracting COVID-19 and agrees to indemnify and hold the Glen Rock Board of Education harmless from any and all claims for injuries, damages and costs that may be incurred, including the reimbursement of reasonable attorney's fees, in the event the participant or any member of his/her family contracts COVID-19.

 Teacher and School/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 school/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 and district social media.

___ Yes ___ No

Student Name _____





Class Lists

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

Email address(es): _____

FAMILY INFORMATION

Child's Information

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Previous School(s) Attended & Years: _____

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 _____

Student Name _____

Parent 2 Information



GRCS Preschool

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 _____

SIGN UP MY CHILD FOR PRESCHOOL 2022-2023

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

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

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

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 agree to comply with the terms of this Agreement as a condition of enrollment.

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 _____
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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.



GRCS Preschool

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/Community Pass 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/Community Pass to charge my credit card accordingly. This agreement remains in effect until June 30, 2023 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



GRCS Preschool

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/Community Pass to process a charge against my credit card account in the amount of \$ _____ for Preschool application fee and deposits.

Signature _____ Date _____

