

## GOOD SHEPHERD CREATIVE PLAY ENROLLMENT AGREEMENT

As a member of Good Shepherd Creative Play, I agree to the following:

1. To pay, upon registration, a **non-refundable** registration fee of \$75.00. (This fee helps offset the administrative cost of setting up your student in our system and helps keep your monthly tuition cost lower)
2. To pay at the **May/June** membership meeting:
  - September's **non-refundable** tuition payment
  - A \$60.00 membership bond which will be refunded at the end of the school year if fines are not imposed and I have fulfilled my committee duty
  - A pre-determined fee for Opt-Out choice if applicable
3. To pay at the **September** membership meeting, **June's non-refundable** tuition payment.
4. To meet the yearly tuition obligation of \$3,400.00, \$3,200.00, \$3,000.00, \$2,500.00, \$2,000.00 or \$1,600.00 to be paid in monthly installments due on the 1<sup>st</sup> of each month unless I choose to make a payment in full.

The monthly tuition payments are as follows: UPK paying=\$340.00, 3 hour 5 day=\$320.00, 2.5 hour 5 day=\$300.00, 3 hour 3 day=\$250.00, 2.5 hour 3 day=\$200.00 and 2 day=\$160.00

**Your child's placement will not be held once school begins without the above payments.**

5. To participate in the classroom as scheduled, 12-15 days per child depending on which program my child is enrolled in.
6. To serve and meet the obligations of one committee.
7. To attend mandatory general meetings as required (up to 3 per year).
8. To furnish Good Shepherd Creative Play with a copy of my child's Birth Certificate upon registration.
9. To furnish Good Shepherd Creative Play with a completed Allergy form upon registration
10. To furnish Good Shepherd Creative Play with a completed Required Health Examination Form including my child's immunization records that have been completed by a physician within the past year. I understand my child cannot attend school until both of these documents have been received by Creative Play.
11. To furnish Good Shepherd Creative Play with the negative results of an Adult TB test (Mantoux/PPD) in the name of the primary adult that will be working in my child's classroom. (These results are valid for 2 years)
12. I will not use the list of names, phone numbers and addresses published for members of Good Shepherd Creative Play for personal business.
13. I will read Creative Play's Guidelines and Handbook in full and adhere to all the rules of Good Shepherd Creative Play.

I have read the above and agree to all items listed.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_