the pierce academy OF COPPELL

"where extraordinary begins"

.

PARENT AGREEMENT

Children's Names: 1. _____Date of Birth: _____
2. _____Date of Birth: _____
3. _____Date of Birth _____

Parent's Names: _____
Address: _____Home Phone: (____)_____
(street) (city) (zip)

Name of Company for which you work:
Mother: _____Work Phone: (____)_____
Father: _____Work Phone: (____)_____

ENROLLMENT FEE
I understand that the fee for enrolling each of my children is payable at the time of submitting this application and that this fee is not refundable unless my child is denied admission by the school.

PAYMENT POLICY
(1) I understand that the payment for care of my children is charged monthly during the school year and weekly during the summer. The After school program is charged weekly year 'round. Monthly payments are due by the 5th of each month beginning on August 7th and ending on May 5th. This tuition covers 41 weeks of care during the school year. The 11 weeks of summer are charged weekly and are due each Monday in advance. I agree to make payments regularly as they are due.
(2) I understand that a $25 late payment fee will be added to monthly payments not made by the 5th of the month, and that a $15 late payment fee will be added to weekly payments not received by 6:00p.m. on Tuesday.
(3) I understand that there is a $35 charge for returned checks, and I agree to pay this charge upon request.
(4) I understand that Pierce Academy closes promptly at 6:00p.m., and I agree that if my child is left after this time for whatever reason, I will pay $1.00 per minute after 6:05 for late care. This fee is due at pickup and is payable to the staff member who stayed with your child. Children not picked up by 6:30 may be referred to and placed in the care of the state child protective agency. Children enrolled in our morning program must be picked up by 2:30 p.m. Children left after 2:45 p.m. will be charged a $10 late pick up fee.
(5) School Age parents must notify Pierce Academy by 1:30p.m. if we are not picking up your child from public school. Failure to notify will result in a $20 no-call fee.

ABSENT POLICY &WITHDRAWAL
(1) I understand that when Pierce Academy is closed for a holiday, full tuition is still to be paid. The school is closed on Good Friday, July 4th, Memorial Day, the Friday before the Fall Semester, Labor Day, Thanksgiving Day and the Friday after, a week at Christmas (usually the week between Christmas and New Year's) and New Year's Eve/ Day.
(2) I understand that the Fall and Spring semesters are charged monthly and that no credit for absences will be given during this 41 week period. Children who continue through our 11 week summer session are allowed 2 weeks of vacation time for which no tuition will be charged when the child is not in attendance from a Monday through a Friday week period.
(3) Children withdrawing from our school must give 2 weeks notice and will be charged full tuition for 2 full weeks following notification regardless of attendance.

OTHER RECORDS
(1) I understand that my child must enter with a medical form and/or statement signed by a physician that he is free from communicable and infectious disease and immunizations required by the state are current.
(2) I have signed the medical consent form and I understand that I will be responsible for all emergency care fees. Pierce Academy is not responsible for normal childhood accidents. All medical bills are to be sent directly to the parent or guardian at the address stated above.

GENERAL PROCEDURE
(1) All preschool and Kindergarten children should have a complete change of clothes at center. Clothing should be clearly marked with the child's name.
(2) Children must be left in the presence of a staff member and only parents or persons authorized by parents may pick up your child.
(3) Parents will be advised of special problems and concerns about their children. In cases of minor injuries, a "boo-boo" report will be sent home with the parent.
(4) I agree to have my child picked up immediately in case of illness and upon notification by the school.

AGREEMENT
I have received a copy of the school's policies and procedures, philosophy and goals, and have read the foregoing statement of policy, and I agree to abide by it's terms.

SIGNATURES: **(MOTHER)** _____**DATE**_____
(FATHER)_____ **DATE**_____

Enrollment Fees: $_____ Supply Fee $_____ Tuition : Fall/Spring $_____ Summer $_____