

February 22, 2018

Dear Parents,

Thank you so much for choosing Circle of Friends. We look forward to the opportunity to teach your child about Christ and his love for each one of us. The following rates apply for the 2018-2019 school year:

- Registration is \$60.00 per family. **This is due with your registration form and is non-refundable.** If you are registering more than one child, you only need to pay one registration fee.
- Supply fees are \$50.00 per child, per semester. **The first semester fee is due at the time of registration.** The second semester supply fee is due January 10<sup>th</sup>. If the supply fee is turned in after Jan. 10<sup>th</sup>, a \$10 late fee will be added.
- The “Me Book” is an optional purchase. This beautiful, high quality, hard bound book will share the memories of your child throughout the school year and will be treasured for years to come. No other memory books or pictures will be provided. Your cost for this book is \$45.00 and is due at the time of registration.

**The total due at registration is \$155 with Me Book or \$110 without Me Book.**

Registration and supply fees as well as “Me Book” cost can be made with one check.

Tuition is \$190.00 per month for one child, \$370 for 2 children, and \$550 for 3 children. Tuition is due no later than the 10<sup>th</sup> of each month or a late fee of \$10 will be applied. When a full year’s tuition is paid by the first day of school, the second semester supply fee will be waived. A full year paid in advance will be \$1710 (1 child for 9 months @ \$190 p/month). This does not include registration fee, fall supply fee, or Me Book fee.

We try to follow the Birdville I.S.D. calendar very closely. Please check the Circle of Friends calendar for a complete list of holidays. We also follow BISD for weather related school closings.

If you have any special requests for your child, please indicate this on the information form. If you want a particular teacher, or if you want your child in a class with a friend, please indicate this at that time also. *We will try our best to honor your requests.* The following copies are to be turned in with the registration form:

- Drivers License of Parents
- Health Insurance Cards
- Current Immunization Record

The email address for Circle of Friends is [legacy.cof@gmail.com](mailto:legacy.cof@gmail.com), our website is [www.legacycoc.org/circle-of-friends](http://www.legacycoc.org/circle-of-friends).

Thank you again for the opportunity to be a part of your child’s life. We are looking forward to a wonderful 2018-2019 school year.

In Christ,

Lorie Thompson  
Director

Parents,

Below is a registration checklist for the 2018-2019 school year. Please complete and return the attached forms with necessary payment to secure your child's spot for the upcoming school year. Thank you for your cooperation.

Lorie Thompson  
Director

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Registration Checklist:

Supply Fee \$50: \_\_\_\_\_

Registration Fee \$60: \_\_\_\_\_

Me Book Fee \$45: \_\_\_\_\_

(This must be paid at the time of registration - remember this is an optional purchase)

Registration Form: \_\_\_\_\_

Handbook Signature Page: \_\_\_\_\_

Copy of Drivers' License: \_\_\_\_\_

Copy of Insurance Card: \_\_\_\_\_

Copy of Shot Record: \_\_\_\_\_





# 2018-2019 REGISTRATION FORM

A friend loves at all times. Proverbs 17:17

CHILD'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(last name) (name to be called)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ AGE ON SEPT. 1, 2018: \_\_\_\_\_

Email Address to be used for Circle of Friends information: \_\_\_\_\_

PARENTS MARITAL STATUS: \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_ CHURCH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CHURCH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SIBLINGS (name & age) \_\_\_\_\_

THE FOLLOWING PEOPLE ARE AUTHORIZED TO ACT IN THE BEHALF OF THE ABOVE STUDENT IN THE EVENT OF AN EMERGENCY IF PARENTS CANNOT BE REACHED, AND MAY PICK UP MY CHILD FROM CLASS:

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

I HAVE RECEIVED A COPY OF THE *PARENT HANDBOOK* FOR THE 2018-2019 SCHOOL YEAR AND AGREE TO ABIDE BY THE POLICIES IT CONTAINS. I WILL NOT HOLD THE LEGACY CHURCH OF CHRIST LOCATED AT 8801 MID-CITIES BLVD, N. RICHLAND HILLS, TX 76182, LEGACY CIRCLE PRESCHOOL, OR ANY STAFF MEMBER THEREOF RESPONSIBLE FOR ANY ILLNESS OR ACCIDENT WHILE MY CHILD IS IN THEIR CARE ON OR OFF THE PROPERTY STATED.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
DATE

AUTHORIZATION TO CONSENT  
TO MEDICAL TREATMENT  
of a MINOR

CHILD'S NAME: \_\_\_\_\_

YOUR CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE (in an emergency your child will be taken to the nearest available hospital)  
\_\_\_\_\_ CITY: \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

**PLEASE PROVIDE US WITH A COPY OF YOUR MEDICAL INSURANCE CARD**

**MEDICAL HISTORY**

Allergies, if any, including medication: \_\_\_\_\_

Chronic or existing diseases or medical problems: \_\_\_\_\_

Medications: \_\_\_\_\_

I authorize a representative of the Legacy Church of Christ, located at 8801 Mid-Cities Blvd,  
N. Richland Hills, Texas 76182 to seek and obtain emergency medical care for my child,  
\_\_\_\_\_, under the supervision of any physician licensed to  
practice medicine. This authorization is effective through May 31, 2019.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

## **Parent Handbook**

**I acknowledge receipt of the 2018-2019 Circle of Friends Parent Handbook and understand that it contains changes and updates. I agree to abide by the policies contained in this updated handbook.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_