

February 21, 2019

Dear Parents,

Thank you so much for choosing Circle of Friends. We look forward to the opportunity to teach your child many new and wonderful things. The following rates apply for the 2019-2020 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 10th. If the supply fee is turned in after Jan. 10th, 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.

There is no change in this year's tuition rate. 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 10th 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, our website is 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 2019-2020 school year.

Sincerely,

Lorie Thompson
Director

Parents,

Below is a registration checklist for the 2019-2020 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

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: _____

| | |
|----------------------------|-------|
| Office Use Only: | date |
| Shot Records Received: | _____ |
| Registration Form: | _____ |
| Handbook Receipt Received: | _____ |

| | | | | | |
|-------------------------|--------------------------|--------|--------------------------|-------|--------------------------|
| Office Use Only: | amount | date | | | |
| Registration Fee Paid: | _____ | _____ | | | |
| Supply Fee Paid: | _____ | _____ | | | |
| Me Book Fee Paid: | _____ | _____ | | | |
| Cash | <input type="checkbox"/> | Charge | <input type="checkbox"/> | Check | <input type="checkbox"/> |

Circle of Friends Information Form 2019-2020 School Year

Please complete one form per child

Child's Name: _____
(Last)
(First)
Boy/Girl

Birthdate: _____ Age as of September 1* : _____
month/day/year

***Classes are grouped according to age. Your child will be placed in a class based on his/her age on September 1.**

Special Request: _____

Parent's Name: _____

Email Address: _____

How did you hear about us? (if new) _____

Please check one:

I would like to purchase a Me book for my child for the 2019-2020 school year. The cost is \$45 per child and due at registration.

Yes: No:

I understand that if I do **not** purchase a Me book that there will not be another picture book of my child for the 2019-2020 school year.

Parent Signature: _____



2019-2020 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, 2019: _____

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 2019-2020 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, 2020.

Dated this _____ day of _____ 20_____

(SIGNATURE OF PARENT OR GUARDIAN)

Parent Handbook

I acknowledge receipt of the 2019-2020 *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: _____