Reading Friends of Aledo
Enrollment Form

995 Bailey Ranch Rd.
Aledo, TX 76008

I am enrolling my child, _____(boy/girl), in Reading Friends of Aledo™ for the Fall 2020 - Spring 2021 school year. As the parent whose signature appears below, I agree to and understand the following:

A. A non-refundable deposit of $300.00 will be due upon enrollment. This deposit will cover all supplies and materials for the Fall 2020 and Spring 2021 school year. Tuition is due on the first of each month. September's tuition will be due by August 1st. A late fee will be charged if payment is not received in the office by the 5th of each month.

_____ **I understand that deposits and tuition are non-refundable for withdrawal or absence.**
(Initial)

B. To meet the State of Texas guidelines, I must furnish a current immunization record and wellness statement to be kept on file at the school. I must also furnish a Hearing and Vision screening for my child (age 4 and up).

C. I understand my child cannot attend school with a rash or fever. If my child becomes sick during the school day, I will be notified and agree to arrange prompt pick up from the school.

D. Due to Covid-19 precautions, I understand that if my child develops a fever, I understand that he/she cannot return to school until he/she has been fever-free for 72 hours.

E. For the safety of my child, written permission must be sent, or arrangements must be made in advance when someone other than myself, or those named on my release form, picks up my child. Identification will be required.

F. I understand that I am welcome to observe or visit the school anytime that I wish; however, discussion of my child's progress or behavior must be in private, by appointment. All conferences will be virtual via Zoom due to Covid-19.

G. I understand that for the safety of the teachers, staff, and students at Reading Friends of Aledo, I must wear a mask when entering the school. I also understand that my temperature will be taken prior to entry.

H. I understand that if I pick up my child 10 minutes after the noon dismissal, I will be charged the extended day rate of $25.00. A late fee of $25.00 will be charged if I pick up my child more than 10 minutes after the 2:00pm dismissal time.

I. Reading Friends ™ reserves the right to decline or withdraw enrollment to any student, but will not discriminate based upon such individual's race, color, religion, sex or national origin.

J. A Parent Handbook will be electronically distributed prior to the first day of class.

Today's Date: _____ Child's Date of Birth: _____

Mother's Name: _____ Father's Name: _____
Street Address: _____ City: _____ Zip: _____
Cellphone (Mom): _____ Cellphone (Dad): _____
Email (Mom): _____ Email (Dad): _____

I am enrolling my child in the following class:

____ Developmental (2 yrs. old by September 1st)
____ Primary I (T/TH 3 yrs. old by September 1st)
____ Primary II (M/W/F 3 yrs. old by September 1st)
____ Pre-K (4 yrs. old by September 1st)
____ K-Prep I (T/TH 4 yrs. old by Sept. 1st)
____ K-Prep II (M/W/F 4 yrs. old by Sept. 1st)
____ K-Bridge (5 yrs. old by Sept. 1st or Pre-K graduate)
____ Kindergarten (5 yrs. old by September 1st)

_____ _____
Signature of Parent/Guardian Date