

Reading Friends of Aledo Enrollment Form

995 Bailey Ranch Rd. Aledo, TX 76008

| I am en Fall 202 | rolling my child, | (boy/girl), in Reading Friends of Aledo TM for the se signature appears below, I agree to and understand the following: | |
|---|---|---|--|
| A. | A non-refundable deposit of 400.00 will be due upon | n enrollment. This deposit will cover all supplies and materials for the Fall 2026 and of each month. September's tuition will be due by August 1st. A late fee will be | |
| | I understand that deposits and tuiti | on are non-refundable for withdrawal or absence. | |
| В. | ` ' | h a current immunization record and wellness statement to be kept on file at the school. I r my child (age 4 and up). | |
| C. | I understand my child cannot attend school with a rate to arrange prompt pick up from the school. | ish or fever. If my child becomes sick during the school day, I will be notified and agree | |
| D. | O. I understand that if my child develops a rash or fever, he/she cannot return to school until he/she has been rash or fever-free for 24 hours. | | |
| E. | 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. | 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. | | |
| G. | G. 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. | | |
| Н. | Reading Friends TM reserves the right to decline or windividual's race, color, religion, sex or national original to the right to decline or windividual's race, color, religion, sex or national original to the right to decline or windividual. | vithdraw enrollment to any student, but will not discriminate based upon such gin. | |
| I. | A Parent Handbook will be electronically distributed | d prior to the first day of class. | |
| Today's | s Date: | Child's Date of Birth: | |
| Mother | 's Name: | Father's Name: | |
| Street A | Address: | City: Zip: | |
| Cellphone (Mom): | | Cellphone (Dad): | |
| Email (Mom): | | Email (Dad): | |
| I am en | arolling my child in the following class: | | |
| Developmental (2 yrs. old by September 1st) | | K-Prep I* (T/TH) (4+ yrs. old by September 1st) | |
| Primary* (M/W/F 3 yrs. old by September 1st) | | K-Prep II* (M/W/F) (4+ yrs. old by September 1st) | |
| Pre-K* (4+ yrs. old by September 1st) | | K-Bridge* (5 yrs. old or a Pre-K graduate) | |
| *Indicates students must be potty-trained by September 1st. | | Kindergarten* (5 yrs. old by September 1st) | |
| | | | |
| | Signature of Parent/Guardian | Date Submitted | |