Tuition Schedule
Toddlers
2020 - 2021

Application Fee (new students only) $250
Registration Fee $100
Supply Fee $80

The application and registration fees are required to reserve your child's place at Aggieland Country School. These fees are non-refundable. A last month's tuition is due by May 1, 2020. The pro-rated tuition for August is due before classes begin.

Class Times
All Tuesdays are early release at 2:30 p.m.
Morning Class: 8:30 - 12:30 a.m.
Full Day Class*: 8:30 a.m. - 3:30 p.m.

Tuition for Classes
5 mornings per week $580 per month
5 full days per week $950 per month

Mondays, Tuesdays and Wednesdays
Mornings only $504 per month
Full day $692 per month

Thursdays and Fridays
Mornings only $370 per month
Full days $520 per month

Withdrawals
Refunds of tuition payments require 30 days written notice from parents prior to a child's withdrawal from school. Tuition is to be pro-rated. Tuition payments are not refundable for withdrawals effective after March 15th, 2021.

I would like to register my child in the following classes
Five mornings _____ Five full days _____ M, T, W mornings _____
M, T, W full days _____ Th, F mornings _____ Th, F full days _____

I understand and accept the above policies and fee schedules, and would like to register my child as indicated above.

__________________________________________________________  ____________________
Parent Signature Date
Application Form
2020-2021

Child’s Name ___________________________ Birthdate _______ Date of Admission _______

Address ____________________________________________________________

Parent Information

Father’s Name ___________________________ Phone: _______________ E-mail ____________
Mother’s Name ___________________________ Phone: _______________ E-mail ____________

Persons authorized to pick child up from school

Name ___________________________ Address: ___________________________________ Phone: ____________
Name ___________________________ Address: ___________________________________ Phone: ____________

Persons to call in case of emergency if parents cannot be reached

Name ___________________________ Address: ___________________________________ Phone: ____________
Name ___________________________ Address: ___________________________________ Phone: ____________

Medical Information

If emergency medical treatment is necessary and I cannot be reached, I hereby give permission to Aggieland Country School to secure proper medical treatment. This may include, but not be limited to, hospitalization, surgery, ordering of injection, and anesthesia for the child named above.

_______________________________________________________ ______________________
Parent Signature Date

Physician ___________________________ Hospital ___________________________
Address _______________________________________________ Phone _______________

Medical problems that might affect treatment ___________________________________________________________

Is your child allergic to any medications?  Y   N   If yes, which ones? _______________________________________

Field Trips
I give permission for my child to attend any field trips that the Aggieland Country School Directress deems to be safe and of educational or recreational value, provided the nature of this trip is explained to me prior to the date. I am aware that I am responsible for, and must arrange for, my child’s transportation.

_______________________________________________________ ______________________
Parent Signature Date

Water Days
I give my child permission to participate in water activities on Aggieland water days.

_______________________________________________________ ______________________
Parent Signature Date

Photography
Aggieland Country School may take photos of the students while working, outside, on field trips, or participating in special events. We would like your permission to use these photographs for educational and promotional purposes. Children are never identified by name, and photos are always available for review upon your request.
Aggieland Country School has permission to use photos which may include my child:  Y   N

_______________________________________________________ ______________________
Parent Signature Date
Child's Name:  

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<th>Immunizations</th>
<th>Date</th>
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<td>Polio</td>
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You may submit a machine copy of an immunization record signed or stamped by a physician or health personnel.

Allergies or other special conditions that would affect the child's activities
_________________________________________________________________________________________________
___________________________________________________________________________________________

I have examined the above named child within the past year and find that he/she is physically able to take part in the school program.

________________________________________  ______________________________
Physician’s Signature                  Date

Children 4 years or older also need:

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<tr>
<th>Hearing Screening</th>
<th>Vision Screening/Distance Acuity</th>
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<td>1st ND</td>
<td>2nd ND</td>
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<tr>
<td>Pass</td>
<td>Fail</td>
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Pass | Fail | Signature | Date