Tuition Schedule
Primary
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 a.m. - 12:30 p.m.
Full Day Class: 8:30 a.m. - 3:30 p.m.

Tuition for Classes
5 mornings per week $540 per month
5 full days per week $770 per month
3 mornings per week $405 per month
3 full days per week $560 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.

Extended Class Times and Fees
Early morning arrival, 8:00 - 8:30 a.m. $70 per month per 5 days a week
Afternoon third recess, 3:30 - 5:30 p.m. $240 per month for 5 days a week

I would like to register my child in the following classes. Check or circle.
5 mornings ___ 5 full days ___ 3 mornings MTWThF 3 full days MTWThF
Early mornings MTWThF Afternoon third recess MTWThF

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

____________________________________________________
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

Water Days

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

____________________________________________________
Parent Signature

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
**Health Form**

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<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Date</th>
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<tbody>
<tr>
<td>DPT/DTaP</td>
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<td>Polio</td>
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<td>Measles:Rubeola</td>
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<td>Mumps</td>
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<td>Rubella</td>
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<td>Hep B</td>
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<td>TB test if required</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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<thead>
<tr>
<th>Hearing Screening</th>
<th>Vision Screening/Distance Acuity</th>
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<td>2nd</td>
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</tbody>
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Pass

Fail

Signature

Date