

**St. Paul's Episcopal Nursery School**  
**1066 Washington Road**  
**Pittsburgh, PA 15228**  
**(412) 531-2644**

**FINANCIAL AGREEMENT and RELEASE FORM**

My child \_\_\_\_\_ is enrolled in the St. Paul's Episcopal Nursery School ("Nursery School") for the academic year 2011-2012.

My child is assigned to \_\_\_\_\_'s class. This class meets from 9:15 a.m. to 11:30 a.m. / 12:45 p.m. to 3:00 p.m. on M T W Th F.

In consideration of such enrollment, I agree to the following:

**FINANCIAL AGREEMENT**

1. Tuition Payments

Tuition is based on an annual fee which may be paid annually, quarterly or in monthly installments. The annual tuition for my 1st child is: 1-day \$513 /2-day \$1,044 /3-day \$1,404/4-day \$1,854. Sibling's tuition is 1-day \$486/2-day \$990/3-day \$1,332/4-day \$1,764. The first month's tuition for the 2011/2012 school year was due May 10, 2011. Subsequent monthly payments are due by the 10<sup>th</sup> of each month from September, 2011 through April, 2012. If paying annually, there is a 3% tuition reduction for anyone paying in full by September 10<sup>th</sup>, 2011. If paying quarterly, the first quarterly payment is due by September 10<sup>th</sup>, 2011. Tuition payments may be mailed to the school or placed in the basket marked "Tuition Payments" in Kathi Workman's office. A tuition schedule to keep track of payments will be distributed for each child.

2. Arrears

After the 10<sup>th</sup> of each month, a late fee of \$2.00 will be charged. Unless special arrangements have been made with the Director and the Treasurer, students whose tuition accounts are three (3) months in arrears will be excluded from the school.

3. Check Returns

I understand I am responsible for bank charges to the Nursery School for checks returned for insufficient funds or for any other reason.

4. Withdrawal

A student may withdraw from the Nursery School, with no further obligation to make tuition payments, with one (1) month's written notice to the Director. If one (1) month's written notice is not provided to the Director, the tuition payment for that month will be due. If the student withdraws after April 1<sup>st</sup>, tuition for April and May will be due upon withdrawal.

**CLASS SCHEDULE AND PROGRAM INFORMATION**

1. Class Assignment

My child's class assignment is set forth above. I understand that the school does not assume responsibility for my child until he or she has been escorted to his or her classroom. I further understand that prior to the official start of the class, my

child's teacher is engaged in preparation for the class day. Accordingly, I agree to supervise my child until the class has started.

3. Field Trips

a. Neighborhood Walks

My child has my permission to leave the school premises with his or her teacher for neighborhood walks.

b. Other Field Trips

The Nursery School will obtain my permission for any other field trips.

4. Play equipment and Activities

My child has my permission to use all of the play equipment, indoor and outdoor, and to participate in all activities of the school.

**DIRECTORY**

1. Consent to Inclusion

I understand that the Nursery School compiles and distributes a directory, of enrolled students to all families and staff. I give my permission to the Nursery School to list our name, address, telephone number and e-mail address.

2. Non-Solicitation

I understand that the directory will not be used for solicitation of any kind. I agree to not use the directory for solicitation of any kind. I understand, however, that the directory may be used for official Nursery School business.

**EMERGENCIES**

1. General Consent to Obtain Emergency Medical Care

In the event my child needs emergency medical care, the Director, or her representative, has my permission to take all steps she deems appropriate to obtain such medical care. I understand that the Director, or her representative, will immediately attempt to contact me and the child's primary care physician. I further understand that, if necessary, the Director or her representative will call an ambulance and have the child transported to the hospital in the company of a staff member. I also understand that any expenses incurred in obtaining emergency medical care will be my responsibility.

2. Contact Information for Emergencies

I have received and completed the information card which lists the names and telephone numbers of the individuals to be contacted in the event of an emergency. I have provided the correct information and I agree to promptly inform the Director of any changes to this information.

**GENERAL RELEASE**

I have provided the Nursery School with all relevant information concerning my child. I agree to hold the Nursery School harmless for any errors or omissions in the information which I have provided.

**AGREED TO BY:**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date