

Elizabeth B. Sherman Child Development Center
1 West Main St. Front Royal VA 22630
540-622-2503 www.frumc.org

Parent/Guardian Contract

Please read carefully, initial where noted, sign and date.

Your child's enrollment *Will Not Begin* until a signed Parent/Guardian Contract is received by EBSCDC.

School Year **2017/2018** Start Date _____

Enrollment/Application Fee \$125.00 received. _____ (confirmed by EBSCDC staff)

Returning Student Registration Fee \$25.00 received. _____ (confirmed by EBSCDC staff)

Child's Name _____ Birth Date _____

Parent/Guardian(s) Name(s) _____

Are you a member of Front Royal United Methodist Church? _____ Yes _____ No

Are your other Children attending EBSCDC? _____ Yes ___ No

Name(s) _____

Your child, _____, will be enrolled in EBSCDC in the _____ class.

Tuition includes quality care, age-appropriate curriculum, snacks and meals.

I/We have chosen to pay Tuition _____ Annually/Semi Annually \$ _____

_____ Monthly \$ _____

_____ Weekly \$ _____

Please read and initial the following:

I/We understand ***Tuition is due*** either the first school day of the month or every Monday. _____

I/We understand the responsibility to pay tuition on-time and agree to pay any assessed late-fees, returned check charges, and/or legal fees which occur during the child's enrollment at EBSCDC. _____

I/We have received and read the EBSCDC Handbook. _____

I/We have addressed questions/concerns regarding the Handbook with EBSCDC Director. _____

I/We agree to abide by all of EBSCDC rules and regulations for having a child enrolled. _____

I/We understand if rules and regulations are not followed, child's enrollment may be terminated. __

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Participation

Parents are a vital part of the Elizabeth B. Sherman Child Development Center. In order to enhance the quality of our programs, we ask if we may call upon you, on occasion, to support events, collect materials for art projects, consider donations, help with class parties, and other EBSCDC special celebrations, etc.

We also like to expose the children to many varied experiences. We would appreciate any ideas you may have as to guest speakers who could share special skills, hobbies, or collections. Our goal being to interest the children and increase their awareness of the world around them.

If you are interested in participating during the school day or for special events, please complete the following information. ***Understand that anyone who volunteers to work during the school day must complete a Volunteer Application which includes necessary background checks required by the Commonwealth of Virginia.***

Child's Name: _____ Class: _____

Parent/Guardian Name: _____ Phone: _____

Best time to contact parent/guardian: _____

_____ I would like to volunteer for evening special events.

_____ I would like to volunteer during the school day.

_____ I would like to be a room-parent.

_____ I would like to volunteer in the school office.

I am unable to volunteer, but can recommend you contact:

Name: _____ Phone: _____

Relationship to child: _____

Best time to contact: _____