

Child's Name _____

Westminster School for Young Children
3639 Old Chapel Hill Road, Durham, NC 27707
919-489-8432

Parent Agreement Statement to Accompany Registration Form

We are pleased you have chosen our program for your child and look forward to having your family with us for the next school year. There are a few important things we wish for you to read and agree to in accepting a space in our program:

- 1) I will fill out and agree to the terms on Westminster's Registration Form and pay a Non-Refundable Registration/Supply/Facility Fee when accepting a space for my child.
- 2) As per the Registration Form, one month's tuition will be paid and applied to May 2022. Once all payments are made, your child's spot is secured for the next year. This fee is non-refundable after February 15th.
- 3) Tuition is due on the FIRST DAY of each month, September through April. A late fee of \$25 is charged if not received by the 10th of the month.
- 4) There is a late fee charged if a child is not picked up by 12:05pm or after 1:05pm, for those staying for 4 hours.
- 5) Each child attending Westminster School must have completed all immunizations for their age as required by the State of North Carolina. A Medical Form, signed by the child's physician, is required before a child enters our program.
- 6) I will be respectful of other children attending Westminster and NOT post pictures of any child, other than my own, on any social media site without the other child/children's parental consent.
- 7) I understand that it is important to stay informed of Westminster's events and policies. Therefore, I will read the newsletters from the School Office and those my child's teacher sends. I will go to the classroom site and school's website, as well as refer to the School Handbook in an effort to stay informed.
- 8) I wish to enroll my child in Westminster School for Young Children and agree to comply with all school policies and medical regulations as well as maintain regular monthly payments.

I have read and agree to the above statements. _____

(Parent/Guardian's Signature)

Date: _____