

CP Preparatory School

603 S. Bryan-Beltline Mesquite Texas 75149 972-222-7808 www.cpprepschool.com

Academic and Financial Contract 20_____ - 20_____

_____ will be enrolled in the _____ from _____

Child's Name

Class

Time

Monthly tuition _____ Extended Care _____

K-3rd gr. cafeteria _____ Registration and School Supplies _____

_____ *PTA \$10.00 yearly dues per parent: parents and teachers working together*

Payment Schedule _____

Start date - End date

of payments

All Families will tender tuition payments according to one of the following payment plans:

All payments are made in a check, money order or auto draft through FACTS

_____ A. Full payment- The entire amount of tuition is paid on or before August 1st of the school year.

_____ B. Two-Payments: The entire amount of tuition is paid in two installments. August 5th and January 5th

_____ C. FACTS Monthly Payments: The academic year is based on 11 months Aug-June.

(optional 15 days of choice to use as a flex schedule in June and July) Under this plan, the entire amount of tuition is paid in equal monthly installments. These payments can be made through FACTS tuition management.

_____ D. Payment at school for addition fee of \$10.00 a month. Payment must be made on or before _____ or a **\$50.00 late fee** will be charged.

_____ initial CP Preparatory School reserves the right to immediately suspend any child's attendance, graduation or report cards for late payment or non-payment of tuition/fundraiser. In addition, all returned checks will incur a **\$50.00 NSF** fee by CP Preparatory School.

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Tuition Covers: Educational resources for each student as well as additional services and products including: Classroom supplies, two school t-shirts, school sweatshirt, Santa pictures

Tuition does not cover: Extended Care, Late Pick-up Fees, School Pictures, Class Parties yearly fundraiser, PTA dues, Vision and Hearing Testing, Acanthosis Nigricans Testing

Extended Care is available daily for \$5.00 an hour

_____ **initial FUNDRAISER: MANDATORY ALL FAMILIES MUST PARTICIPATE!**

A profit of \$150.00 is needed or the balance of the profit will be charged to your account on the end date of the fundraiser. Ex: \$300 product sold = \$150 profit

I agree to the above academic and financial agreement. I am aware that all fees are non refundable. I also agree that if I withdraw my child from the program I will give a 4 week notice in writing with tuition due for those 4 weeks.

_____ **initial In the event, payment is not made within 10 days CP Prep School reserves the right to turn your account over to my attorney to commence legal action without further delay. A courtesy letter will be sent prior to legal action being filed.**

_____ - - - - - _____ / / /
Parents signature Social Security # Drivers License # Date

_____ **copy of driver license (S.S. and D.L are kept confidential)**

_____ **CPPS Handbook - I have been informed that the parent handbook is on line for my review at cprepschool.com**

_____ **Minimum Standards – I have been informed that a copy of Minimum Standards is available at the front desk for review or online at www.dfps.tx.us**

_____ **Insurance Card - We must have a copy of your current medical insurance card.**

_____ **Shot Records – must be turned in before your child can attend school**

_____ **Vision and Hearing Screening – are required for Pre-K students who turned 4 before September 1st. The test will need to be done again for all k-3rd gr. Students Cost will be determined by the testing company**

_____ **Acanthosis Nigricans Testing – is now required for all 1st and 3rd gr. students. This is a test where they check the child's skin of diabetes and other diseases. The cost of this test is determined by the testing company**

- **Vision and hearing screening results can usually be obtained from your pediatrician. If we do not have your child's test results on file, we will have them tested and bill your account.**

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Parent Volunteer and Responsibility Agreement

Our CP Parents invest their time in their children's future. At minimum, we ask our parents for the following involvement.

- 1. Parents will check students folder daily for messages from the classroom*
- 2. Classroom newsletters are sent home weekly for your review every Monday.*
- 3. A parent must sign up to volunteer for 2 school events. Ex: festivals, volunteer work days in the school computer help, repairs, class parties etc.....*

I can help with the following:

- 4. At least one parent will attend the mid-year parent teacher conference.*
- 5. FUNDRAISER – MANDATORY for all families. A profit of 150.00 is needed or the balance of the profit will be charged to your account on the end date of the fundraiser. All accounts must be current to receive report cards and graduation.*
- 6. 10.00 PTA dues per parent per year.*

We know that as a CP Prep parent you have the opportunity to be our face in the community and with other school age children. CP prep pays a \$50.00 referral credit to any parent that successfully recommends us to a new student. This fee is paid once the student is enrolled and has attended CP Prep for 1 full month.

Ms. Patterson maintains an open door policy. Any and all issues and concerns with the school, personnel, and procedures will be directed to Ms. Patterson the school owner and director.

_____ *I agree to the above terms for parental involvement and responsibilities.*

Parent signature

date

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Emergency Medical Agreement

Child's Name _____ Birthday _____

Mother's Name _____ Day time phone _____

Father's Name _____ Day time phone _____

Name and explain any health conditions, past or present, which need to be brought to the school's attention to safeguard this applicant at school(ex: diabetes, seizures, asthma, emotional disorders, educational challenges, etc...) or which would restrict physical activity levels:

Is applicant taking any medications: _____

Allergies to medications: _____

Other Allergies: _____

Fears or worries or other info needed _____

People authorized to pick up my child:

1. Name _____ Relationship _____

Address _____ Number _____

2. Name _____ Relationship _____

Address _____ Number _____

3. Name _____ Relationship _____

Address _____ Number _____

Doctor's Name _____ Number _____

Address _____

Insurance ID # _____ Number _____

Parent Signature _____ Date _____

Notary Name _____

Commission Expires _____

Notary Signature _____

Date _____

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