

ALL AUSTIN COOPERATIVE NURSERY SCHOOL

2019-2020 PARENT COMMITMENT FORM

I agree that at least one parent or guardian will attend class parent meetings and designated school workdays. If a parent or guardian is unable to attend our scheduled workdays, it is my responsibility to find a replacement.

I agree to actively support school fundraisers to the best of my family's ability, understanding that every level of participation is an important source of support for the Co-op.

I agree to supply a complete immunization record from my child's/children's physician's office (or a physician's letter of exclusion due to medical contraindications), and to update it if immunizations are given throughout the year. I understand that, in order to comply with Texas Department of Health standards for childcare facilities, and in order to limit the spread of communicable diseases at the Co-op, all children enrolled must be immunized against the following diseases: diphtheria, pertussis, tetanus, polio, haemophilus influenzae (Hib), hepatitis B, measles, rubella, mumps, varicella (chicken pox), invasive pneumococcal, and hepatitis A.

I agree to pay (1) a one month tuition deposit for each child and (2) a building fee of \$350 for one child, \$550 for two children, and \$750 for three children by check made payable to AACNS.

I agree to inform the Director in writing at least 30 days before I plan to withdraw my child/children, and I understand that all fees (including deposits, registration and building fees) are non-refundable.

Parent/Guardian Signature

Date

Child's Name

2nd Child's Name (if applicable)

3rd Child's Name (if applicable)