

ALL AUSTIN COOPERATIVE NURSERY SCHOOL 2022-2023 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 comply with AACNS Health Policy, stay home when ill, and to do our part to keep the community healthy. I will supply a complete immunization record from my child's/children's physician's office and 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.

Adults who work in the classroom must be vaccinated against Covid-19 and stay up to date on any boosters. Flu and Covid Vaccines for children are recommended.

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

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)