



Learning Friends of Aledo Enrollment Form

995 Bailey Ranch Rd.
Aledo, TX 76008
(817) 441-6060

I am enrolling my child, _____ (boy/girl), in Learning Friends of Aledo™ for the Fall 2027– Spring 2028 school year. As the parent whose signature appears below, I agree to and understand the following:

- A. A non-refundable deposit of 400.00 will be due upon enrollment. This deposit will cover all supplies and materials for the Fall 2027 and Spring 2028 school year. Tuition is due on the first of each month. September's tuition will be due by August 1st. A late fee will be charged if payment is not received in the office by the 5th of each month.

_____ **I understand that deposits and tuition are non-refundable for withdrawal or absence for any reason.**
(Initial)

- B. To meet the State of Texas guidelines, I must furnish a current immunization record and wellness statement to be kept on file at the school. I must also furnish a Hearing and Vision screening for my child (age 4 and up).
- C. I understand my child cannot attend school with a rash or fever. If my child becomes sick during the school day, I will be notified and agree to arrange prompt pick up from the school.
- D. I understand that if my child develops a rash or fever, he/she cannot return to school until he/she has been rash or fever-free for 24 hours.
- E. For the safety of my child, written permission must be sent, or arrangements must be made in advance when someone other than myself, or those named on my release form, picks up my child. Identification will be required.
- F. I understand that I am welcome to observe or visit the school anytime that I wish; however, discussion of my child's progress or behavior must be in private, by appointment.
- G. I understand that if I pick up my child 10 minutes after the noon dismissal, I will be charged the extended day rate of \$35.00. A late fee of \$35.00 will be charged if I pick up my child more than 10 minutes after the 2:00pm dismissal time.
- H. Learning Friends™ reserves the right to decline or withdraw enrollment to any student, but will not discriminate based upon such individual's race, color, religion, sex or national origin.
- I. A Parent Handbook will be electronically distributed prior to the first day of class.

Today's Date: _____ Child's Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Street Address: _____ City: _____ Zip: _____

Cellphone (Mom): _____ Cellphone (Dad): _____

Email (Mom): _____ Email (Dad): _____

I am enrolling my child in the following class:

____ Developmental (2 yrs. old by September 1st)

____ Primary* (M/W/F 3 yrs. old by September 1st)

____ Pre-K* (4+ yrs. old by September 1st)

****Indicates students must be potty-trained by September 1st.***

____ K-Prep I* (T/TH) (4+ yrs. old by September 1st)

____ K-Prep II* (M/W/F) (4+ yrs. old by September 1st)

____ K-Bridge* (5 yrs. old **or** a Pre-K graduate)

____ Kindergarten* (5 yrs. old by September 1st)

Signature of Parent/Guardian

Date Submitted