

Dear Parents,

Thank you so much for choosing Circle of Friends. We look forward to the opportunity to teach your child many new and wonderful things. The following rates apply for the 2024-2025 school year:

- **Registration fee** is \$100.00 per family. This fee is non-refundable. If you are registering more than one child, you only need to pay one registration fee.
- **Supply fees** are \$75.00 per child, per semester. The first semester fee is due at the time of registration. The second semester supply fee is due January 10th. If the supply fee is turned in after Jan. 10th, a \$10 late fee will be added.
- **Memory Book** is an OPTIONAL purchase of \$50. This beautiful, high quality, hard bound book will share the memories of your child's class throughout the school year.
- All of these are due at the time of registration
- All fees can be paid with cash, check, or a credit card for NO ADDITIONAL FEE. Payment can be made online or by using the included form. www.circleoffriends-106514.square.site
- **The total due at registration is \$225 with a memory book or \$175 without a memory book.**

Tuition is \$230.00 per month for one child, \$450 for 2 children, and \$670 for 3 children. Tuition is due no later than the 10th of each month or a late fee of \$10 will be applied. When a full year's tuition is paid by the first day of school, the second semester supply fee will be waived. A full year paid in advance will be \$2070 (1 child for 9 months @ \$230 p/month). This does not include registration fee, fall supply fee, or memory book fee. Tuition can be paid by cash, check, or by credit card for NO ADDITIONAL FEE. Use the form included for credit payment or go online to www.squareup.com/market/circleoffriends.

We try to follow the Birdville I.S.D. calendar very closely. Please check the Circle of Friends calendar for a complete list of holidays. We also follow BISD for weather related school closings.

If you have any special requests for your child, please indicate this on the information form. If you want a particular teacher, or if you want your child in a class with a friend, please indicate this at that time also. *We will try our best to honor your requests.* The following copies are to be turned in with the registration form:

- Drivers License of Parents
- Health Insurance Cards
- Current Immunization Record (waivers not accepted)

The email address for Circle of Friends is legacy.cof@gmail.com, our website is www.legacycoc.org/circle-of-friends.

Thank you again for the opportunity to be a part of your child's life. We are looking forward to a wonderful 2024-2025 school year.

Sincerely,

Lorie Thompson
Director

Registration Checklist:

Below is a registration checklist for the 2024-2025 school year. Please complete and return the attached forms with necessary payment to secure your child's spot for the upcoming school year. Thank you for your cooperation.

- Supply Fee \$75
- Registration Fee \$100
- Memory Book Fee \$50 (this must be paid at the time of registration – remember this is an optional purchase)
- Registration Form
- Copy of Insurance Card (if applicable, not required)
- Copy of Drivers' License
- Copy of Shot Record (Up to date immunization required-no waivers accepted)
- Automatic Tuition Payment Form (optional)



2024-2025 REGISTRATION FORM

CHILD'S NAME: _____ PRIMARY PHONE: _____
(last name) (name to be called)

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDAY: _____ AGE ON SEPT. 1, 2024: _____

Email Address to be used for Circle of Friends information: _____

PARENTS MARITAL STATUS: _____

FATHER'S NAME: _____ CHURCH: _____

EMPLOYER: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

MOTHER'S NAME: _____ CHURCH: _____

EMPLOYER: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

SIBLINGS (name & age) _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO ACT ON THE BEHALF OF THE ABOVE STUDENT IN THE EVENT OF AN EMERGENCY IF PARENTS CANNOT BE REACHED, AND MAY PICK UP MY CHILD FROM CLASS:

NAME: _____ DL #: _____ PHONE: _____

NAME: _____ DL #: _____ PHONE: _____

NAME: _____ DL #: _____ PHONE: _____

NAME: _____ DL #: _____ PHONE: _____

ADDITIONAL COMMENTS: _____

I HAVE RECEIVED A COPY OF THE *PARENT HANDBOOK* FOR THE 2024-2025 SCHOOL YEAR AND AGREE TO ABIDE BY THE POLICIES IT CONTAINS. I WILL NOT HOLD THE LEGACY CHURCH OF CHRIST LOCATED AT 8801 MID-CITIES BLVD, N. RICHLAND HILLS, TX 76182, LEGACY CIRCLE PRESCHOOL, OR ANY STAFF MEMBER THEREOF RESPONSIBLE FOR ANY ILLNESS OR ACCIDENT WHILE MY CHILD IS IN THEIR CARE ON OR OFF THE PROPERTY STATED.

(SIGNATURE OF PARENT OR GUARDIAN)

DATE

AUTHORIZATION TO CONSENT
TO MEDICAL TREATMENT of a MINOR

CHILD'S NAME: _____

YOUR CHILD'S PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE (in an emergency your child will be taken to the nearest available hospital)

_____ CITY: _____

MEDICAL INSURANCE CARRIER: _____

PLEASE PROVIDE US WITH A COPY OF YOUR MEDICAL INSURANCE CARD (if applicable)

MEDICAL HISTORY

Allergies, if any, including medication: _____

Chronic or existing diseases or medical problems: _____

Medications: _____

I authorize a representative of the Legacy Church of Christ, located at 8801 Mid-Cities Blvd, N. Richland Hills, Texas 76182 to seek and obtain emergency medical care for my child, _____, under the supervision of any physician licensed to practice medicine. This authorization is effective through May 31, 2025.

Dated this _____ day of _____ 20_____

(Signature of Parent or Guardian)



CREDIT CARD PAYMENT OPTIONS

There is NO FEE to pay tuition or fees with a credit card.

Options to pay by credit card:

- 1) You can go to the following web address to pay online:
www.circleoffriends-106514.square.site
- 2) You can provide us with your credit or debit card information and your card will automatically be charged at the beginning of each month.
- 3) You can request an invoice be emailed to you at the beginning of each month with a payment link.

*You are of course always welcome to pay via check or cash every month.

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YES! I would like to pay my registration fees with a credit/debit card. My information is below.

YES! I would like for my child's tuition to be automatically charged to my credit/debit card on the first school day of each month. My information is below.

Student Name _____

Circle one: Visa Master Card American Express Discover

Card Number _____

Exp Date _____ Security Code/CVV _____ Billing Zip Code _____

By signing, I authorize Circle of Friends to charge tuition to my card on the first school day of each month:

Name: _____ Signature: _____

*Credit card info will be kept secure and all forms will be shredded

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YES! I would like to request that an invoice be emailed to me at the beginning of each month with a link so I can pay via credit or debit card.

Student Name _____

Email Address _____