

CP Preparatory School

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

Academic and Financial Contract 20____ - 20____

_____ will be enrolled in the _____ from _____

Child's Name

Class

Time

Monthly Tuition _____ Registration and School Supplies _____

Summer Edu-Tainment Fee _____

_____ *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 Rapid Tuition

_____ 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. Rapid Tuition Monthly Payments: Yearly Total _____

1 payment on the 5th of each month (\$30.00) OR 2 payments a month ½ on 5th & ½ on 20th (\$40.00)

The academic year is based on 12 months Aug-July, unless prior arrangements are made.

_____ 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.

Tuition Covers: Educational resources for each student as well as additional services and products including: Classroom supplies, one school t-shirt, all meals

Tuition does not cover: Late Pick-up Fees, School Pictures, Class Parties, yearly fundraiser, PTA dues, Vision and Hearing Testing, Acanthosis Nigricans Testing, any extra programs, summer edu-tainment fee

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_____ 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 this _____ month contract from _____ to _____.

_____ I agree to the above academic and financial agreement. I am aware that all fees are nonrefundable. 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.

Signing here you agree to above financial contract.

1. _____ - ____ - ____ _____ / / /
Parents signature Social Security # Driver's License # Date

2. _____ - ____ - ____ _____ / / /
Parents signature Social Security # Driver's License # Date

Email address _____

_____ 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 cpprepschool.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.

Parent Occupation _____

- _____ 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. **MUST BE ON TIME FOR SCHOOL BY 8:30 NO EXCEPTIONS!!** If you come in after 8:30 you must have a Dr. Note and or a written explanation of why you are late. After 9:00 your child will not be admitted for the day unless we have a Dr. note
- _____ 4. ALL Absences **MUST** have a written note to be able to come back to school.
- _____ 5. Uniform Policy your child **MUST** be in uniform daily. Failure to do so will result in a \$5.00 charge per occurrence
- _____ 6. At least one parent will attend the mid-year parent teacher conference.
- _____ 7. **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.
- _____ 8. **10.00 PTA dues per parent per year. Due at Registration**

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.**

1.

Parent signature

date

2.

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 _____

Authorization for Emergency Medical Attention: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Address _____ Phn # _____

Insurance ID # _____ Number _____

Name of Emergency Medical Facility _____

Address _____ Phn# _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of parent or legal guardian _____ date _____

Notary Name _____

Commission Expires _____

Notary Signature _____

Date _____