

DOCTOR STATEMENT

Child Name: _____ Date of Birth: _____

I have examined the above-named child within the past year and find that he/she is physically able to take part in the school program.

Signature of Physician / Pediatrician

Date

PARENT STATEMENT

I understand that my child must maintain the recommended immunization schedule, in accordance with school policy.

Parent / Legal Guardian Signature

Date

Current Vaccinations must be submitted to the school office **prior to** the applicant's first day on campus.

EMERGENCY MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize the principal or the staff of White Rock North School to give consent for any and all necessary emergency medical care for my child, _____, while said child is in their custody.

Parent / Legal Guardian Signature

The State of Texas, County of Dallas

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for purpose therein expressed. Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public in and for Dallas County, Texas

My Commission Expires: _____

MODELING RELEASE

I grant White Rock North School and their advertiser, permission to use, publish, reproduce and copyright photographs or other likenesses of my child for advertisement purposes. Photographs may be included in whole or in part in connection with the school's advertising, such as the school's website, social media, magazine ads, news publications and brochures. I consent to all advertising and publications by White Rock North School. I further permit the school to distort, retouch, alter, blur or create and optional illusion in pictures made in connection herewith. **I understand that for security reasons, my child's name WILL NOT be used in connection with such ads.**

Parent / Legal Guardian Signature

Date

CONTRACT / FINANCIAL AGREEMENT

The following contract is a financially binding agreement.

In consideration of _____ as a student at White Rock North School for the current school year, I/we agree to the payment of the following, through Tuition Express.

Initial each of the following fees to be charged:

_____ Non-Refundable Application Fee

_____ Non-Refundable Supply Fee: \$ _____

_____ **If any check is returned**, I agree to pay a \$38.00 returned check fee at the time I pick up the NSF check, and will pay by cash or money order.

_____ **If I arrive after school hours** to pick up my child(ren), I agree to pay a late fee to the staff member supervising my child.

- A rate of \$20.00 for the first 5 minutes, then \$1 per minute after will be charged.
- This rate will be applied, per child.

Initial your selected payment plan to be charged:

_____ **ANNUAL Tuition Plan**

- Full payment is due on or before the child's first day of school.
- A \$250.00 discount is applied for making an annual payment.
- Total Annual Tuition: \$ _____.
- I understand that if I fail to make full payment by my child's first day of school, this plan will be terminated, and the monthly payment plan will become effective.

_____ **MONTHLY Tuition Plan**

- Total School Tuition \$ _____.
- Payments of \$ _____ are due the 1st of each month.
- I understand that a \$15.00 penalty will be assessed on all payments made after the 5th of each month.
- I understand that late tuition payments may result in the termination of this contract and the total tuition for the balance of the school year will become due and payable.

_____ **BEFORE / AFTER SCHOOL PROGRAM (currently enrolled WRNS students)**

- Total Tuition \$ _____.
- Payments of \$ _____ due the 1st of each month.
- Day care days and public-school holidays are included.
- There is no discount for days absent or holidays.

Parent / Legal Guardian Signature

Date

CONTRACT / FINANCIAL AGREEMENT, CONTINUED

The following contract is a financially binding agreement.

White Rock North School accepts all students regardless of race, sex, color, or religion, but reserves the right to refuse any application for enrollment if the applicant does not meet the academic or behavioral requirements of the school.

The school reserves the right to request the applicant's withdrawal, or dismiss any student from the school, if after consultation of all parties concerned, at the sole discretion of the school's administration, the applicant's progress or conduct or parent/guardian conduct demonstrates disharmony with the school's policies or standards. It is understood that the school reserves the right to withhold instructional services and/or the transmission of records, either to the student and family or to other institutions, if monies are owed to the school. I understand that this contract is binding through the end of the current academic school year. If I fail to pay the remaining balance, after written 30-day notification, White Rock North School has permission to charge my credit card. If my credit card cannot be charged, for any reason, the unpaid balance will be sent to collections.

The undersigned recognizes that the school enters substantial financial commitments for instructors, facilities, and supplies in reliance upon its enrollment contracts. If parents / legal guardians elect to withdraw the student, or if the student is dismissed for any reason other than failure or inability to achieve academic requirements, no refund will be made of tuition paid to the date of withdrawal or dismissal and the entire unpaid balance of tuition for the school year will become immediately due and payable. If a child is dismissed during the school term for failure or inability to meet academic requirements, the tuition for the school year will be prorated to the date of dismissal.

The school may, at its sole discretion, suspend its duties and obligations, immediately without notice, during periods that the school is affected by force majeure events. This includes, but is not limited to, any fire, flood, act of God, war, governmental action, act of terrorism, epidemic, pandemic, natural disaster, or any other event that is beyond the school's control. If such an event occurs, the School's duties and obligations may be postponed until such time as the School, at its sole discretion, may safely reopen or resume normal operations. The school's hours of operation are also subject to change at the sole discretion of the School. The undersigned agrees there will be no tuition reductions, refunds, or credits for school holidays, family vacations, school closures, illness, or Force Majeure events.

In the case of campus closures, as mandated by public health or government officials, WRNS reserves the right to implement a remote curriculum instruction framework through its Virtual Learning Plan. No tuition reductions, refunds, or credits due to this change.

White Rock North School students needing extended care are required to enroll in the Before / After School Program and pay any and all related fees.

I have carefully read and understood all the information contained in this agreement and agree to be bound by its terms and provisions. I accept the policies and regulations of White Rock North Schools, Inc. and release its officers and directors, Mrs. Amy A. Adams, and any other employee from all liabilities for injuries and illnesses that might occur from attendance of my child at the school or while in the custody of the school.

I understand that my child's tuition payments are due on the 1st of each month. Should my account payment be paid after the 5th of the month, I understand my account will be charged a \$15.00 late fee at the time tuition is drafted. I understand that my child's academic schedule will be interrupted, should my tuition lapse, but will be reinstated upon payment.

If any action is brought for enforcement of the Contract / Financial Agreement or the collection of any sums due under this Contract / Financial Agreement, Parents / Legal Guardians agree to pay reasonable attorney's fees and court costs incurred by the school in addition to any other damages to which the school may be entitled.

Guarantor Name: _____

Guarantor Address(es): _____

Cell #: _____ Work #: _____

Driver's License #: _____ Social Security #: _____

Signature of Parent / Financial Guardian 1

Signature of Parent / Financial Guardian 2

Date