



Parent/Guardian Agreement

4 East Henrietta Road
Rochester, NY 14620
(585) 633-8935
www.ebns.org

Child's Name: _____ Date: _____

Circle One: T/TH Class for 3 and 4 year-olds M/W/F for 4 and 5 year-olds M-F Class for 5 and 6 year-olds

The parents of the children enrolled administer this school. Parent cooperation is the single most important factor in making it a success. Please consider each of the following statements carefully before you sign this agreement. You must sign and return this agreement to secure your family's place at EBNS. Please make one copy for your records and then send a copy of this form to our Registrar:

Sarah Bass, EBNS Registrar, 4 East Henrietta Rd, Rochester, NY 14620

1. I understand that if we are a returning family, all previous tuition bills for EBNS must be paid in full before our application will be considered and our family's place at EBNS is secured.
2. My child may enter into the activities of Ellwanger-Barry Nursery School and KinderGarden and has my permission to take field trips as decided by the teacher.
3. I will make my own arrangements for transportation of my child to and from school and for field trips.
4. I will pay the tuition as follows: **check one**

_____ 25% by May 1st, 50% by September 1st, and 25% by January 1st (Standard Plan).

_____ 25% by May 1st, then I wish to arrange a monthly or alternative payment plan with the Treasurer.
Please email: Treasurer@ebns.org.

Your first tuition payment serves as a non-refundable deposit to secure your family's place at EBNS. If your tuition payment is not received within 30 days of the date it is due, services may be terminated by decision of the Board. In case of financial hardship, special arrangements may be discussed with the Treasurer.

The school is self-sustaining and manages its own finances. It is a nonprofit organization and operates on a close budget; most expenses are fixed for the year. For these reasons it is impossible to allow for refunds of tuition for student withdrawal or absences. Exceptions will be considered at the discretion of the Board.

5. Classroom assistance (aka Parent Helping): I understand that all classes at EBNS are cooperative in nature and agree to assist the Teacher in the classroom as often as required. The frequency is determined by enrollment, and *parents/guardians of siblings in more than one class are responsible for the number of Parent Helper Days for the older sibling's class.* I understand that I will be asked to attend and assist with field trips when necessary.
6. I understand that there is an open-door policy when assisting children in the bathroom, and that if the class is outside it will be the teacher who brings any children inside to use the bathroom.
7. I will provide a snack for the children when it is my turn to Parent Help, according to the allergies and dietary needs of the children at the school, and I will be asked to contribute items for the daily purpose of milling grains or making bread, soup, porridge, etc. as needed.
8. I will serve on a Parent Volunteer Team and a committee with other parents to provide the services that are necessary to run the school.

9. I will participate in school activities including community events as well as fundraising, publicity, recruitment and enrollment endeavors.
10. I will complete the Confidential Student Information Form and return it to the Registrar with the rest of the Welcome Packet.. (This form is important; it provides information that will help the Teacher deal effectively with your child). **You will receive this form with the welcome and it will be available on the Enrollment Page of our website at ebns.org.**
11. I will have my child examined by a doctor and will return a completed Physician's Report Form to the Registrar with the rest of the Welcome Packet. I understand that if I do not submit this form by the first day of school, my child will not be allowed to attend until the form is submitted. ***Please note: All students are required to be immunized in compliance with Public Health Law unless exempt for medical reasons. Any questions regarding immunization should be directed to our Health Clerk. While any form your doctor's office provides is sufficient, a blank form is also available on our website at ebns.org.***
12. Emergency Medical Care: For the purposes of this agreement, Emergency First Aid is defined as care that is necessary to stabilize an illness or injury (for example, stopping bleeding or cleaning a wound). Definitive Care is defined as care that is necessary for the complete resolution of an illness or injury (for example, suturing of a wound or setting of a broken bone).

If my child is injured or becomes injured while attending school, the Teacher and his/her designee will attempt to notify me as soon as possible. However, I agree that emergency first aid may be given, even before I am notified, if the Teacher deems it necessary. If, in the Teacher's opinion, immediate medical attention is not necessary, I understand that my child will be isolated from the other children and kept as comfortable as possible until he/she can be picked up by me or my designee.

If, in the Teacher's opinion, my child needs immediate medical attention, I understand that my preferences for physician and medical facility will be honored only if time allows. If the situation is urgent, I agree that my child should be taken to the closest appropriate medical facility, accompanied by the Teacher or his/her designee, and given emergency first aid as determined by the medical staff there. Definitive Care will not be given until I (the parent) have decided that it should be given. I accept full responsibility for any costs, including transportation costs, which are incurred for emergency first aid under these circumstances.

13. In the event that the Teacher is absent, the Teacher will designate a parent (Designee) to be in charge for the day. I will be informed of the Teacher's absence, and the Designee will assume all responsibilities and authorities of the Teacher.
14. If I decide to withdraw my child from EBNS, I must notify the Teacher, the Board Chair, chair@ebns.org, and the Registrar, registrar@ebns.org and **I will be responsible for any and all unpaid tuition** unless another family fills our spot and pays the remaining tuition. There may also be extenuating circumstances in which tuition may not be able to be returned to me, depending on class enrollment and the EBNS yearly budget.
15. I understand that if the Teacher feels it is necessary for my child to be withdrawn from the class or the school, it would be acted upon through a confidential understanding between the teacher, the Board of Directors, and me. ***The Board may terminate any membership in the school by a two-thirds vote. Grounds for such action would normally be restricted to:***
 - ***failure to pay tuition on schedule***
 - ***failure of parents/guardians to comply with established and published school policies***
 - ***judgment that the behavior or health of the child is detrimental to the group***

- 16. I am responsible for all collection agency fees incurred by EBNS to collect unpaid tuition and for any fees associated with my check(s) being returned for insufficient funds.
- 17. ***NEW:** I, on behalf of myself and my children, hereby assume all risk and responsibility, and hold harmless EBNS and its employees and volunteers, for any and all illnesses, injuries or harm to me or my children arising from or in connection with participation in EBNS programs or on EBNS facilities.
- 18. **I understand that each year EBNS's budget is dependent on enrollment. In the event that the school does not achieve full enrollment, I understand that EBNS reserves the right to restructure the program and class offerings to meet its financial obligations.**

Please sign and date, make one copy for your records and then send one copy of this form to our Registrar:

Parent/Guardian

Date

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