

THE RIDGE STREET COUNTRY SCHOOL, INC.

PRE-SCHOOL

431 NORTH RIDGE STREET
RYE BROOK, NEW YORK 10573
914-939-5460 • Fax: 914-939-1449
www.ridgestreetcountryschool.com
ridgestreetcountryschool@verizon.net

Date _____

TODDLER enrollment contract between THE RIDGE STREET COUNTRY SCHOOL, INC.

and _____

I agree to enroll my child _____
(Please Print Name in Full)

in the _____ A.M. _____ P.M. Session of THE RIDGE STREET COUNTRY SCHOOL, INC. from
September 2010 to June 2011.

I agree to pay, for the period stated above, the sum of \$ _____.

I understand that all fees are payable in advance except as provided below.

Tuition \$ _____
Minus Deposit \$ \$800.
Balance \$ _____

<p>Please check One.</p> <p><input type="checkbox"/> Mon., Wed., Fri. = \$4,900. <input type="checkbox"/> Tues., Thurs. = \$3,800.</p> <p><input type="checkbox"/> If you desire our payment plan please check.</p>
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I understand that if I use the payment plan I will be responsible for payments without billing and a late fee of \$30.00 will be charged for any late payment.

There are no refunds of deposits or tuition and it is understood that there will be no make-up time for days lost because of absence.

I authorize THE RIDGE STREET COUNTRY SCHOOL, INC. to secure emergency medical treatment for my child in the event I cannot be reached.

I assume full responsibility for my child enroute to and from THE RIDGE STREET SCHOOL, INC.

THE RIDGE STREET COUNTRY SCHOOL, INC. will not release your child to anyone other than the parents, or designated carpool, unless we receive notification advising us to do so.

I authorize THE RIDGE STREET COUNTRY SCHOOL, INC. to use photos or video of my child on their website.

We are not permitted by law to administer any medication to your child, except Epinephrine in a dire emergency. We are not responsible for any side effects resulting from this medication.

THE RIDGE STREET COUNTRY SCHOOL, INC. reserves the right to withdraw any child from the program. If this becomes necessary, the tuition will be prorated and the remainder will be refunded.

THE RIDGE STREET COUNTRY SCHOOL, INC. reserves the right to consult with your child's doctor.

I agree to the above conditions specified in the agreement.

Date: _____ Parent or Guardian's Signature _____