**South Shore Community Center Nursery School**

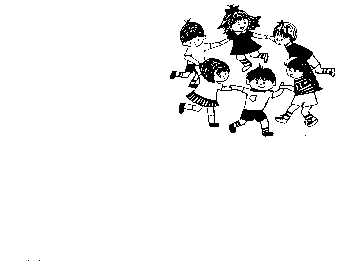
AGREEMENT FORM (YOUR COPY)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two copies of the agreement form are enclosed. Please sign one and return it to school. Keep one copy for your records. We understand that we are responsible for the following obligations when enrolling the above named child in the South Shore Community Center Nursery School.

1. The registration fee of $100 is non-refundable and not applicable to tuition. The $350 tuition deposit (to hold your child’s spot) is also non-refundable.
2. Children are enrolled with the understanding that they shall remain for the entire year. I understand that I am responsible for the entire annual tuition. There will be no reimbursement for absence or withdrawal during the school year unless under an extreme circumstance. Application for release from your financial obligations to the SSCC Nursery School must be made, in writing, to the NS Director, at least two weeks in advance. The NS Director and the SSCC Board shall make a decision in regards to the release and the family will be notified within two weeks.
3. Tuition is payable on an annual basis or in monthly installments. Monthly payments must be made, in advance, on the first day of each month starting in August and ending May 1st. A service charge of $15 shall be assessed for any tuition payment that is more than 15 days overdue. Tuition is calculated on an annual basis considering the total number of days the SSCC Nursery School is scheduled to be open. The SSCC Nursery School will be closed whenever the Cohasset Public Schools are closed. We are unable to offer make-up days for missed sessions.
4. A $20 handling fee will be charged for all returned checks.
5. If at any time the SSCC NS Director feels the child can no longer benefit from the SSCC Nursery School program, the parent will be notified and a plan will be put in place for their withdrawal from the program.
6. We consent to the above named child’s participation in all activities, including field trips, of the SSCC Nursery School. We recognize that the South Shore Community Center, Inc. maintains a comprehensive insurance policy against legal risks. We agree to exempt and hold harmless the South Shore Community Center, Inc., its teachers and administrators and any parents providing transportation to field trips, in connection with any and all liability for injuries or claims of damage arising therefrom, except with the limits of existing insurance and subject to all policy situations.
7. We agree to inform the SSCC Nursery School in writing if anyone, other than the persons named on emergency forms, will pick up our child from the SSCC Nursery School. We release the South Shore Community Center, Inc. and its staff members from responsibility or liability regarding the release of the child to persons other than the parents.
8. I give permission to have the above named child photographed by a local newspaper.
9. I understand the SSCC Nursery School uses early childhood consultants from the public schools and that they periodically observe children in the classroom setting and discuss the children with the teachers at the SSCC Nursery School.
10. I have read and agree to the Parent Handbook and the policies and procedures for snack, discipline and termination.
11. If I arrive late to pick up my child from the SSCC Nursery School, I understand that there will be a charge of $10. After 15 minutes there will be a charge of $20.
12. I give permission to the SSCC Nursery School to publish my name, my child’s, our address, email address and phone number in the SSCC Nursery School phone book.

We have read and agree to comply with the policy regulations as established by the South Shore Community Center Nursery School.

**South Shore Community Center Nursery School**

AGREEMENT FORM (Please Review, Sign and Return)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_