



# Tallahassee Classical School

## PreK3 Enrollment Application & Contract

Scholar's Name \_\_\_\_\_

20\_\_\_\_\_ School Year

*Please mark the class or program for which you are enrolling your child for the school year:*

3K Scholars are turning 3 by March 1st

Scholars **must** be fully potty-trained.

\_\_\_ Morning PreK Only (8:00-11:45) \$380/month \*\$2 per minute late pickup fee

\_\_\_ Part Time (8:00 am -3:00 pm) \$700.00/month \*\$15 per day late pick up fee

\_\_\_ Full Time (8:00 am -5:45 pm) \$1,000.00/month

\*7:35 to 8:00 am is free for all Preschoolers

There is a \$100 non-refundable registration fee for all applications. It is due within 2 weeks of accepting the seat.

**Tallahassee Classical School admits scholars of any race, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to scholars at the school. Tallahassee Classical School does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies and admission policies.**

In consideration of the covenants contained herein and other good and valuable consideration, the parties agree as follows:

1. I/We agree to pay all fees and tuition in accordance with the TCS Tuition and Fee Schedule. I/We understand that upon acceptance of this contract by the Preschool it will become a binding document. **These fees shall become non-refundable upon acceptance of this agreement by the Preschool.** Tuition is the same each month no matter how many school days are in the month.
2. I/We understand all school applications are made through the Director to the School Board of TCS who shall have the right to accept or reject any application. Scholars accepted shall be enrolled for the entire school year. No application for admissions to TCS will be considered without all documents and registration fees which are non-refundable. Fees will be prorated for scholars entering TCS after the beginning of the school year.
3. I/We understand that my child's attendance is a privilege and not a right. TCS reserves the right to terminate, at its discretion, any child's enrollment if at any time the conduct or cooperation with school authorities of either scholar or parent is not in keeping with the school standards. Any withdrawal by parents requires a two week notice and a two-week payment.
4. I/We understand that upon the date of my child's acceptance to any TCS class or program, the registration fee and all documents are due. **These fees are NOT refundable under any circumstances.**
5. I/We understand that tuition is due by the 1st of each month with a grace period extending to the 6<sup>th</sup> of the month. On the 10<sup>th</sup> of each month, a late fee of \$30.00 will be assessed if payment has not been received. Failure to pay all fees in full, including the late fee, by the 15<sup>th</sup> of the month will result in the scholar being dismissed from the school and the account turned over to a collection agency.

6. I/We understand that TCS hires teachers, purchases curriculum, and makes other financial commitments on a yearly basis, and these commitments are largely determined by the number of enrollment contracts.
7. Should I/we fail to meet our obligations hereunder and the school is required to pursue legal action, I/we agree to pay all costs of such action, including reasonable attorney's fees. Venue for any legal proceeding brought to enforce this contract shall lie in Leon County, Florida. This contract shall be construed in accordance with Florida Law. It shall not be construed more strictly against one party or the other.
8. I/We agree to give our endorsement and to comply with all the policies, rules and regulations for the operation of TCS as they now exist or are hereafter amended. We further agree to bring any criticisms or concerns directly to the appropriate authority (teacher, administration or school board), depending upon the nature of the concern. We will adhere to the guidelines outlined in the TCS parent handbook regarding conflict resolution according to our Grievance Policy.
9. I/We understand that tuition alone does not cover the operating expenses of TCS and that the school's budget is met through tuition, fees, fundraising and private contributions. We will thoughtfully consider ways that our family can help meet the financial needs of TCS through voluntary waiver of discounts, special contributions, and participation in fundraisers.
10. I/We pledge to support TCS by serving the school with our time and talents.
11. We understand that this contract may not be voided except by the action of the TCS School Board.
12. I/We understand that this contract is for 10 months.
13. I/We understand that K-12 siblings of VPK scholars should not be checked out of school early because parents/guardians do not want to come back to pick them up. Every minute of the learning day is important.

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I/We have read this contract carefully, and agree to all the terms and conditions stated herein.

I/We understand that I/we jointly and severally owe all payments set forth herein. I/we acknowledge receipt of the full text of this enrollment application & contract.

Parent Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

A space cannot be reserved without the application & contract along with registration fees and all documents.

Please provide copies of a birth certificate, shot records and health forms. These are required before the first day of attendance.

Please set up a School Mint account if you haven't already done so.

Go to <https://tlhclassical.schoolmint.net/signup>

Please review the supply list listed on the TCS webpage.

Please consider following our Tallahassee Classical School Facebook/Instagram page and joining the Artemis parent group.

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FOR OFFICE USE ONLY TO ACKNOWLEDGE RECEIPT OF:

\_\_\_\_\_ Tuition (1st month)  
\_\_\_\_\_ Registration fee \$100  
\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Shot Records  
\_\_\_\_\_ Health Exam

## PERSONAL/FAMILY INFORMATION

Scholar's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Scholar prefers to be called: \_\_\_\_\_ Can the scholar be in photos? \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupations: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Email Address: \_\_\_\_\_

The scholar resides with: \_\_\_ BOTH PARENTS \_\_\_ FATHER \_\_\_ MOTHER \_\_\_ OTHER \_\_\_\_\_

Any Allergies? \_\_\_ YES \_\_\_ NO **List:** \_\_\_\_\_

Is there anything else we should know about your scholar? \_\_\_\_\_

*Please provide a copy of any court-ordered custody documents with application.*

Name(s) of brothers/sisters:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following adults can pick up my scholar. In case of emergencies, we will call these adults in the order listed if we are unable to reach you. All adults must have a Driver's License or Government issued ID when picking up.

Name	Relationship	Number
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

## **Clinic Form**

Student Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Physicians Phone Number: \_\_\_\_\_

Physicians Address: \_\_\_\_\_

Parent 1 Name and cell: \_\_\_\_\_

Parent 2 Name and cell: \_\_\_\_\_

Other emergency contacts: \_\_\_\_\_

\_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

I/We give permission for my child to receive basic first aid.

I/We understand that in the event of an emergency, the school will seek emergency medical services.

Parent Full Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: We are required by the Florida Department of Children and Families to have this information in our files.