

Child's Name _____

CONTRACT

Please return this signed contract with balance of May 2009 tuition **by May 15, 2008** to LCNS office or mail to LCNS, PO Box 13, Libertyville, IL 60048.

Having read and understood the By-laws and Policies of Libertyville Cooperative Nursery School, I, the undersigned, do hereby agree to abide by and operate within the aforementioned guidelines of the school.

Date _____

Signature of Parent or Guardian

1. **BALANCE OF MAY 2009 TUITION** (Please enclose check made payable to LCNS)

Core Classes	Specialty Classes (per class)
4 days \$ 241 (\$301 minus \$60 deposit)	Cooking ABC's \$101 (\$81 minus \$30 deposit plus annual \$50 cooking fee)
3 days \$ 160 (\$220 minus \$60 deposit)	All other specialty classes \$ 51 (\$ 81 minus \$30 deposit)
2 days \$ 95 (\$155 minus \$60 deposit)	
1 day \$ 21 (\$81 minus \$60 deposit)	

2. **PARENT HELPER INFORMATION**

Please list ALL designated parent helpers (Name ONLY those people Parent Helping THREE OR MORE times)
If you will have an additional person parent helping three or more times, please contact the appropriate admissions coordinator for an additional set of forms. In addition, these helpers must have a TB test and will be required to submit a medical form completed by their physician.

Are you pregnant and/or nursing? YES _____ NO _____

After your child is born and you are no longer nursing, you must bring in a recent TB Test with results noted.

3. **ADDITIONAL INFORMATION**

Is child enrolled in LCNS Summer Fun program? Yes _____ No _____

Did you have a child enrolled in the 2007-2008 school year at LCNS? Yes _____ No _____

For office use only:

Check # _____ Date rec'd _____