

Child's Name _____

Circle: Y3, 3, 4 Y5 Specialty

CONTRACT

Please return this signed contract with balance of May 2011 tuition by **May 31, 2010** 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 2011 TUITION** (Please enclose check made payable to LCNS)

Core Classes	Kaleidoscope (per class)
3 days \$ 180 (\$240 minus \$60 deposit)	Left Brain \$107 (\$88 minus \$30 deposit plus Spice \$50 cooking fee)
2 days \$ 107 (\$167 minus \$60 deposit)	All other specialty classes \$ 58 (\$ 88 minus \$30 deposit)

2. **PARENT HELPER INFORMATION**

Parent helpers can include parents, grandparents, nannies, or other friends or relatives 18 or older. DCFS requires each child must have a least one "Designated Parent Helper" on file. All Designated Parent Helpers must have a DCFS physical form on file with a TB test and results and two additional DCFS forms.

Please list all Designated Parent Helpers who are helping THREE OR MORE times.

If a person is helping only 1 or 2 times, no forms are necessary. 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 (Adult Physical, Mandated Reporter Status, Info on a Person Employed). The forms are also available on our website libertyvilleco-op.com.

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**

Did you have a child enrolled in the 2009-2010 school year at LCNS? Yes _____ No _____

For office use only:
Check # _____ Date rec'd _____
Check amount \$ _____