



Whittier Friends School

Transitional Kindergarten – 6th grade

Application for Enrollment and Contract 2021-22

Family Work day & Parent Meeting: to be determined

School TK-6 Starting date: to be determined

How did you hear about our school? _____

<i>STUDENT'S NAME</i>		<i>GENDER</i>	<i>BIRTH DATE</i>	<i>GRADE (2021-22)</i>
<i>ADDRESS</i>		<i>CITY</i>	<i>ZIP</i>	<i>HOME PHONE ()</i>
<i>PARENT'S NAME / GUARDIAN (PRIMARY CONTACT)</i>			<i>HOME PHONE ()</i>	
<i>ADDRESS (IF DIFFERENT THAN STUDENT)</i>			<i>CELL PHONE ()</i>	
<i>EMPLOYER</i>		<i>OCCUPATION</i>		<i>BUSINESS PHONE ()</i>
<i>BUSINESS ADDRESS</i>				
<i>PARENT'S NAME / GUARDIAN</i>			<i>HOME PHONE ()</i>	
<i>ADDRESS (IF DIFFERENT THAN STUDENT)</i>			<i>CELL PHONE ()</i>	
<i>EMPLOYER</i>		<i>OCCUPATION</i>		<i>BUSINESS PHONE ()</i>
<i>BUSINESS ADDRESS</i>				
<i>HOME EMAIL ADDRESS</i>			<i>STUDENT LIVES WITH</i>	
<input type="checkbox"/> <i>DO NOT INCLUDE MY INFORMATION ON SCHOOL ROSTER</i>				

If this is your first year with us, we need the name and address of your child's previous school in order to have the school forward your child's official cumulative pupil records to us. The Federal Family Rights and Privacy Act of 1974 does not require the school forwarding pupil records to obtain parent permission to release the records. In compliance with California Education Code Section 10939, we are hereby informing you of your right to inspect, review and challenge the content of the records in your child's cumulative file.

PREVIOUS SCHOOL

SCHOOL ADDRESS

CITY

ZIP

NOTE: All new students, any grade level, must submit proof of an eye examination and hearing test from an optometrist and audiologist. Tests must have been administered after age 4.

TRANSITIONAL KINDERGARTEN/KINDERGARTEN: All students must submit a photocopy of their birth certificate, immunization card, and have completed a "Report of Health Examination for School Entry" prior to the first day of school. See school for form.

Initial here _____

UNDERSTANDINGS

- We understand that our participation in our child’s education is invaluable to the success of the individual child and of the school.
- We understand it is our responsibility to read the Parent Handbook and other information provided by the school and abide by their contents.
- We understand that parent meetings will be held monthly and that one of us is expected to attend each month, and that \$10 per meeting will be credited from the Parent Meeting fee towards the May 2022 tuition.
- We understand that all parents are expected to participate in the fundraisers and to serve on one or more fundraising committees, as needed.
- We understand that the school regularly goes on walking field trips, such as to the Whittier Public Library. We hereby give permission for our child to go on **all** walking field trips. We understand that we will be notified and required to give written permission for all other field trips.
- We understand that pictures of our child may be used from time to time for the purposes of advertising. If this is a particular problem, we as parents, will let the school know, **in writing**.
- We understand the school’s policy on non-violence, and that a student who hits or attempts to injure another person will be suspended from one to three days depending on the severity of the incident.
- We understand that Whittier Friends School reserves the right to suspend or dismiss or decline future enrollment for any student for academic or behavioral reasons if it concludes that the school is not appropriate for the student, or for parent(s)/legal guardian(s) who willfully disregard school policy. All students attend Whittier Friends School at the will of the School Committee. The parent(s)/legal guardian(s) agree that they will hold Whittier Friends School, its employees, agents, School Committee members or representatives, harmless from any and all action relating to such dismissal.

Acceptance: I/We have read, understand and agree to all terms and conditions of this Application and Contract. I/We are the parent(s) or legal guardian(s) of the named student. I/We further understand that these aforementioned terms and conditions are binding as long as my/our child is a student at Whittier Friends School and/or monies are owed to the school.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

I choose to be a student at Whittier Friends School, and to help make this a safe and friendly school for everyone.

Student’s Signature

Date

TUITION CONTRACT

The enrollment of my/our student and the payment of tuition is a commitment for a year's worth of education. I/We, the undersigned, wish to enroll _____ at Whittier Friends School. Student's name

SCHEDULE OF CHARGES

Annual Tuition: (For Ease of Payment, Annual Tuition may be divided into 10 monthly payments, with the first payment due in August 2021.)

Transitional Kindergarten (half day): \$6,200

Transitional Kindergarten and Kindergarten (full day): \$7,450

Elementary 1st-3rd grade Tuition: \$7,700

Elementary 4th-6th grade Tuition: \$7,750

Non-refundable registration fee: \$100.00

Supplies fee: \$200.00 (refundable if withdrawn by August 1, 2021)

Parent Meeting fee: \$100.00 (\$10 per parent meeting attended will be credited towards May tuition (June 2022 tuition is paid in August 2021))

Field Trip Fees: Subject to activity, due prior to field trip

Day Care Fees 1st-6th grade: to be announced

Elementary TK-3rd: 9:00am – 3:00pm*

Elementary 4th-6th: 9:00am-3:30pm*

*Start/Stop times subject to change.

Tuition & Supplies fees cover costs for textbooks, curriculum, field trip costs over \$10, photocopies, classroom materials, testing and testing materials, school T-shirt, art supplies, etc.

Discounts Available:

1. **\$300.00 discount (per family) off total tuition for completed application received with \$100.00 non-refundable fee and \$200.00 supplies fee and \$100.00 parent meeting fee by April 30, 2021. (Total due with application is \$400.)**
2. **\$250.00 discount (per family) for payment in full by June 30, 2021.**
3. **20% sibling discount for each additional student enrolled in the school.**

Tuition Plans: (Please check one)

_____ Payment in full by June 30, 2021 for \$250 discount

Monthly payment plans:

_____ 10 month plan: Payments begin August 15, 2021
All other monthly payments due the 1st of each month

_____ 12 month plan: Payments begin June 15, 2021
All other monthly payments due the 1st of each month

Please note: The whole annual tuition can be divided into monthly payments for convenience with the first payment due in August 2021. There is no "discount" given for winter or spring breaks, holidays, illness, or scheduled student-free days. Payments are made directly to the school by the 10th of each month and are considered late if not turned in by the 10th. A \$10 late fee will apply. Bills are not issued for tuition payments.

Initial here _____

Other Tuition Information

Whittier Friends School dedicates time, money, resources, and energy into preparing the school year for your child(ren). In order to create a stable environment for the children of the school we expect that you will enroll your child for the entire school year. We understand that extenuating circumstances do arise and therefore we require that if you are paying monthly, you pay a month ahead. If you have paid in full and need to withdraw your child during the school year we will refund your remaining tuition except for one month's payment ("last month"). We require a **30-day notice** if you are withdrawing your child and tuition is due for this last month. We need a signed letter stating that you will be withdrawing your child before we can consider him/her withdrawn.

Initial here _____

Your child's position in school will be held only after receipt of a completed application and tuition contract, the \$100.00 non-refundable registration fee and \$200.00 supplies fee and the \$100.00 Parent Meeting fee. \$10 for each parent meeting attended will be credited towards May 2022 tuition. (June 2022 tuition is due on August 15, 2021.)

If you decide by August 1, 2021 that you will be unable to enroll your child(ren) at Whittier Friends School your supplies fee and parent meeting fee will be refunded once we have been informed in writing.

Please see the School Director or Administrator for information about Financial Aid for returning students.

Returned Checks/Late Payment Policy

- A \$10 fee will be charged for any returned check.
- A \$10 late fee and interest at 1% per month (on the amount in question) may be charged for any tuition payment/fee 30 days past due. In addition, the student may be suspended from school and/or the corresponding activity until all tuition/fees are brought current and any late fees and interest paid.

If a payment is going to be turned in after the 10th of the month, please communicate with the Financial Manager right away. If not communicated, a \$10 late fee will be charged for any late tuition payment or fee owed. A \$10 late fee will be charged each month for each late payment until it has been paid in full.

If the person(s) responsible for payment of tuition and/or fees has not made an amended written payment agreement, acceptable to the school, within 90 days of the due date of the tuition/fees in question, legal action may be taken for all past due fees and tuition, and the balance of the year's tuition, per this contract. The school will also collect any attorney's fees and reasonable collection costs.

Signature(s): Person(s) responsible for payment of tuition and fees

Date

If the person(s) responsible for payment of tuition is/are not the parent(s)/legal guardian(s) of the student, then the parent(s)/legal guardian(s) of the student must guarantee payment.

Signature(s): Parent(s)/Legal Guardian(s)

Date

VOLUNTEER EXPECTATIONS

Family participation is an important part of creating a school community and at the same time helps keep school costs down. Family members are expected to volunteer their time, energy, and ideas. Opportunities for volunteering include, but are not limited to: driving for field trips, helping out in the classrooms and at publicity/community events, donating items for the Silent Auction, organizing and participating in fundraisers, donating recyclable goods, helping with recycling turn in, and helping out with copies and classroom prep work. At least one family member is expected at each monthly parent meeting and at school clean-up days. A \$10.00 credit will be applied from the Parent Meeting fee towards May tuition for each parent meeting attended.

California Education Code section 35021 requires that volunteers who are consistently on campus or who drive for field trips be TB tested and fingerprinted (live scanned). Volunteers for whom this applies need to be fingerprinted by California Community Care Licensing. Paperwork to be fingerprinted is available in the school office and can be picked up upon the receipt of a copy of negative TB results from within the last year. There is a cost associated with the fingerprinting process and Whittier Friends School will offset this cost for **one** member of each family. Upon receiving the fingerprint clearance, your account will be credited the processing fee. Fingerprinting does not need to be repeated each year, but TB tests do need to be submitted annually.

We understand that not every family is able to drive on field trips or volunteer in the classroom and that some family members may not be comfortable with being fingerprinted; therefore it is not a requirement to be fingerprinted to have your child enrolled in Whittier Friends School. However, if you choose not to be fingerprinted, you will need to find other ways to volunteer.

Initial here _____

STUDENT EMERGENCY DATA

<i>STUDENT'S NAME</i>		<i>GENDER</i>	<i>BIRTH DATE</i>
<i>ADDRESS</i>		<i>CITY</i>	<i>ZIP</i>
<i>PARENT'S NAME / GUARDIAN (PRIMARY CONTACT)</i>		<i>HOME PHONE</i>	
<i>ADDRESS (IF DIFFERENT THAN STUDENT)</i>		<i>CELL PHONE</i>	
<i>EMPLOYER</i>		<i>OCCUPATION</i>	<i>BUSINESS PHONE</i>
<i>BUSINESS ADDRESS</i>		<i>OTHER PHONE NUMBER</i>	
<i>PARENT'S NAME / GUARDIAN</i>		<i>HOME PHONE</i>	
<i>ADDRESS (IF DIFFERENT THAN STUDENT)</i>		<i>CELL PHONE</i>	
<i>EMPLOYER</i>		<i>OCCUPATION</i>	<i>BUSINESS PHONE</i>
<i>BUSINESS ADDRESS</i>		<i>OTHER PHONE NUMBER</i>	

PERSONS WHO MAY BE CALLED IN AN EMERGENCY TO PICK UP YOU CHILD

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>RELATIONSHIP</i>

ADDITIONAL PERSONS AUTHORIZED TO SIGN CHILD OUT OF SCHOOL

<i>NAME</i>	<i>NAME</i>
<i>NAME</i>	<i>NAME</i>

PHYSICIAN AND DENTIST

<i>PHYSICIAN</i>	<i>ADDRESS</i>	<i>PHONE</i>
<i>MEDICAL PLAN AND NUMBER</i>		
<i>DENTIST</i>	<i>ADDRESS</i>	<i>PHONE</i>
<i>MEDICAL PLAN AND NUMBER</i>		

IN AN EMERGENCY, WE WILL CALL THE CHILD'S PARENTS FIRST. IF YOU CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL* *OTHER* *EXPLAIN*

IS CHILD REGULARLY TAKING ANY MEDICATIONS? PLEASE LIST:

DOES CHILD HAVE ANY ALLERGIES? PLEASE LIST:

ARE THERE ANY HEALTH CONDITIONS OF WHICH THE SCHOOL SHOULD BE AWARE? PLEASE EXPLAIN:

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR

The undersigned, who is: (check applicable statement)

- One of the parents having legal custody
- The parent having legal custody
- The legal guardian
- The person having legal custody

of _____ (Student's name), a minor, hereby authorizes Whittier Friends School in Whittier, into whose care said minor has been entrusted, as agents for undersigned to consent to any emergency X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any public or private hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also consent to any emergency X-ray treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power of the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician and/or dentist in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Family Code of California.

This authorization shall remain effective until August 31, 2022 unless sooner revoked by the person having legal custody of said minor.

Dated _____

Signature of parent having legal custody

Witness

Signature of legal guardian or other having legal custody

Witness

(County of Los Angeles, Department of Social Services)

Covid-19 Health Emergency Understandings:

*We understand that during the current health emergency, hours for elementary may fluctuate depending on mandate by governing agencies.

*We understand that all people (students and adults) who enter our campus must be wearing a mask that covers nose and mouth.

*We understand that all people entering our campus will have Strict Daily Health Assessments. This includes temperature-checking of all students. We understand that anyone (child or adult) exhibiting signs of sickness, including but not limited to coughing, fever, sore throat, and shortness of breath, should not enter our school campus. Additionally, if anyone in our home or anyone we have been in contact with within two weeks has these symptoms, we understand that we should not enter our school campus.

*We understand that our classroom will be practicing social distancing by limiting the number of children in our class, assigning seating, not facing each other while eating, not sharing school materials, spreading out while playing, and other methods as appropriate.

*We understand that drop off/pick up routines will be conducted outside of the classroom, and that adults who are not staff will not be allowed to enter our classroom without special reason.

*We understand that Whittier Friends School will likely introduce other procedures to protect our community.

Acceptance: I/We have read, understand, and agree to all terms and conditions of this Application and Contract. I/We are the parent(s) or legal guardian(s) of the named student. I/We further understand that these aforementioned terms and conditions are binding as long as my/our child is a student at Whittier Friends School and/or monies are owed to the school.

Signature of Parent(s)/Legal Guardian(s) Date

Signature of Parent(s)/Legal Guardian(s) Date

Whittier Friends School Communication Preferences--2021-2022

Student Name: _____

Please let us know how to reach you in various ways:

*Fliers in parent cubby

*Mailing Address:

*Email reminders

Parent name _____ Email
address _____

Parent name _____ Email
address _____

*Text messages

Parent name _____ Phone number _____

Parent name _____ Phone number _____

Optional:

Would you like us to include your contact info in a school-wide directory, to help other families get ahold of you? (Write preferred methods of contact and info here)

Health: A Mutual Responsibility

During the COVID-19 Health Pandemic Crisis, it is imperative that our school community works together to show mutual responsibility in keeping each other healthy. If we do not, the likeliness of our school needing to Quarantine for short durations, or close for a longer duration, increases. We must all do our part to keep our school a healthy, safe environment for everyone.

It is everyone's responsibility to:

- Notify their doctor or Los Angeles Public Health (LAPH, (888) 397-3993) if a member of their household is exhibiting symptoms for COVID-19.
- Notify Whittier Friends School director at whittierfriendsschool@gmail.com if a member of their household tests positive for COVID-19 (WFS will not disclose identities, though we will need to notify our school community about possibility of exposure).
- Understand the necessity of a Quarantine (temporary closure) of our campus for 2 weeks (or however long LAPH requires) if someone from our school community tests positive for COVID-19.

Your family's responsibility:

- Have your child wear a clean face mask / face covering everyday.
- Turn in a Daily Health Check form when you arrive with your child each morning.
- Keep your child home when exhibiting symptoms of sickness.
- Pick up your child promptly if you are notified that your child is sick while on our campus.
- When not on campus, practice Social Distancing (stay away from crowds, stay 6 ft. away from people, etc).
- Wear Face Coverings when with people who are not part your household.

Our school's responsibility:

- Staff will stay home when exhibiting symptoms of sickness.
- Staff will monitor the health status of all children, and promptly notify a child's family if the child is sick while on our campus.
- When not on campus, staff will practice Social Distancing and wear Face Coverings when with people who are not part of their household.
- While on campus, staff will reinforce Social Distancing with our children, guiding them to remain at safe distances.
- Our staff will reinforce hygiene practices, instituting frequent hand washing.
- Our staff will frequently clean, sanitize, and disinfect the classroom environment, including school materials, toys, and high-touch surfaces.
- Our staff will wear face coverings and reinforce the wearing of face coverings with our children.

Acceptance: We have read the above and accept that our family is part of the Whittier Friends School community and should adhere to the outlined safe practices.

Signature of Parent(s)/Legal Guardian(s) Date

Signature of Parent(s)/Legal Guardian(s) Date

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. First Friends Church and Whittier Friends School ("the Church") has put in place preventative measures to reduce the spread of COVID-19; however, the Church cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Church or Church-related activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Church or Church-related activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Church or Church-related activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, volunteers, and Church-related activity participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Church or participation in Church-related activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Church, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Church-related activity.

I understand and agree that the law of the State of California will apply to this Waiver of Liability. **I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature: _____ Date: _____
Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability.

Signature: _____ Date: _____
Name (printed): _____