



South Location
Parent Handbook Agreement school year 2024-2025

*****SIGN & RETURN*****

I, _____ have received the Parent Handbook. I have read and agree that it is my responsibility to read and familiarize myself with the policies and procedures of AEBS. I understand that it is my responsibility to go directly to school management with any questions I may have regarding the policies, procedures and information contained in this Handbook. I have received all information on how to contact the local licensing office, TDFPS abuse hotline, and TDFPS website. My signature also verifies I have read and received a copy of AEBS Discipline and Guidance Policy. I have received a parent handbook (1-56 pages).

Name of Child: _____
Parent's signature: _____ Date: _____

I/We, _____, understand that I have been advised of AEBS play clothes agreement/soiled clothing policy and will send my child, _____, to school wearing the mandated school uniform and provide extra uniform for emergencies.

I/We also understand that Fridays are cubby clean out days and I/We must take all clothing and linens home to launder.

Parent's Signature: _____ Date: _____

For PYP students I/We, _____, understand that by signing this Agreement, I am committing to be financially responsible for the entire school year. I/We agree I/We will be financially responsible for the full year of tuition even if I/We decide to withdraw my/our child from the school for any reason, and that I/We will be liable for paying the balance of tuition due for the remainder of the school year plus any cancellation or late fees accrued within 60 days of the date the final invoice is sent to me/us by the School. I/We understand that if payment is not received by the school within 60 days of when the final invoice was sent to me/us, my/our outstanding balance will be sent to a collection agency.

Nido 1&2 Students I/We----- Understand that by signing this agreement, If I/We decide to leave AEBS program, I/We must give a two-month (60 days) notice of termination. I am committing to be financially responsible for those two months Date: -----

Parent's Signature: _____ Date: _____ I/We, _____, acknowledge receipt of the AEBS Health, Illness & Exclusion Policy. My/Our signature verifies that I/We have read the policy and will not request the AEBS staff make exceptions regarding the policy. I/We agree that my family will cooperate with AEBS staff regarding my child, _____, being excluded from attendance, due to illness. I/We agree to provide a doctor's note to the AEBS staff per request and/or in compliance with the Health, Illness & Exclusion Policy, due to my child being ill. I/We agree to keep my child from attending per request of the AEBS Staff and in accordance with the AEBS Health, Illness & Exclusion Policy. I agree that if I am called to pick my child up from AEBS due to illness, I will do so within one hour from the time that I am contacted by AEBS staff.

Parent's Signature: _____ Date: _____
Director's Signature: _____ Date: _____