Tuition Agreement/ Membership Agreement/ Permission to Photograph 2018-19

Aspen Hill Cooperative Nursery School

1001 Twinbrook Pkwy Rockville, MD 20851
www.ahcns.org

Name of Child(ren)	Class

We, _____ (parents/guardians), agree to pay all tuition and fees incurred for 2018-2019 school year and understand that if we withdraw our child(ren) from the school, we must notify the Membership VP in writing in order to stop billing.

We have read the *AHCNS Parent Handbook*. We agree to enroll our child(ren) for the 2018-2019 school year and to participate as full members in compliance with health and driving regulations. We agree to comply with all the provisions of the official bylaws of the Aspen Hill Cooperative Nursery School, Inc. We understand and accept the membership responsibilities described. We also understand that no individual or officer of the school may be personally responsible should a grievance arise.

We have read and discussed the AHCNS Discipline Policy with our child. We agree to reinforce acceptable behavior standards and share responsibility for creating positive and orderly learning environment.

_____ _____ _____

Parent Name Signature Date

We give permission to AHCNS to photograph/videotape our child(ren) for education and/or non-profit promotional purposes (brochures, videos, DVDs, websites, newsletters, etc.)

_____ YES _____ NO