

Dear Families,

Thank you so much for choosing Circle of Friends! We look forward to the opportunity to teach your child many new and wonderful things. The following rates apply for the 2026-2027 school year:

- **Registration fee:** \$125.00 per child. This fee is non-refundable.
- **Family Registration Fee:** \$200.00 per family. If you are registering two or more children, this is what you will pay. This fee is non-refundable.
- **Supply fee:** \$100.00 per child, per semester. The first semester fee is due at the time of registration. The second semester supply fee is due January 10th. If the supply fee is turned in after Jan. 10th, a \$25.00 late fee will be added.
- **Memory Book:** (OPTIONAL) \$60.00 per book. This beautiful, high quality, hard bound book will share the memories of your child's class throughout the school year.
- All of these are due at the time of registration in order to hold your child's spot.
- All fees can be paid with cash, check, or a credit card (****credit card payments are subject to a 3% Square processing fee****). Payment can be made online or by using the included form.
<http://www.squareup.com/market/circleoffriends>

Tuition is \$250.00 per month for one child, \$485.00 for 2 children, and \$720.00 for 3 children. Tuition is due no later than the 10th of each month or a late fee of \$25.00 will be applied. When a full year's tuition is paid by the first day of school, the second semester supply fee will be waived. A full year paid in advance will be \$2250.00 (1 child for 9 months @ \$250 p/month). This does not include registration fee, fall supply fee, or memory book fee. Tuition can be paid by cash, check, or by credit card (****credit card payments are subject to a 3% Square processing fee****). Use the form included for credit payments or go online to www.squareup.com/market/circleoffriends.

We follow the Birdville I.S.D. calendar and weather related closures/delays. Please check the Circle of Friends calendar for a complete list of holidays.

If you have any special requests for your child, please indicate these on the information form. If you want a particular teacher, or if you want your child in a class with a friend, please indicate this at that time also. *We will try our best to honor your requests.* The following copies are to be turned in with the registration form:

- Drivers License of Parents, and anyone with authority to pick up your child
- Health Insurance Cards
- Current Immunization Record (waivers not accepted)

The email address for Circle of Friends is legacy.cof@gmail.com and our website is www.legacycoc.org/circle-of-friends.

Thank you again for the opportunity to be a part of your child's life. We are looking forward to a wonderful 2026-2027 school year.

Blessings,

Scarlett Lee

Director

Registration Checklist:

Below is a registration checklist for the 2026-2027 school year. Please complete and return the attached forms with necessary payment to secure your child's spot for the upcoming school year. Thank you for your cooperation.

- Registration Fee \$125.00 per child, \$200.00 per family
- Supply Fee \$100.00 per child, per semester
- Memory Book Fee \$60 (optional - must be paid at the time of registration)
- Registration Form
- Copy of Insurance Card (if applicable)
- Copy of Drivers' License
- Copy of Immunization Record (up to date or delayed immunizations required - no waivers)
- Automatic Tuition Payment Form (optional)

2026-2027 REGISTRATION FORM



CHILD'S NAME: _____ PRIMARY PHONE: _____
(last name) (name to be called)

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDAY: _____ AGE ON SEPT. 1, 2025: _____

Email Address to be used for Circle of Friends information: _____

PARENTS MARITAL STATUS: _____

FATHER'S NAME: _____ CHURCH: _____

EMPLOYER: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

MOTHER'S NAME: _____ CHURCH: _____

EMPLOYER: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

SIBLINGS (name & age) _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO ACT ON THE BEHALF OF THE ABOVE STUDENT IN THE EVENT OF AN EMERGENCY IF PARENTS CANNOT BE REACHED, AND MAY PICK UP MY CHILD FROM CLASS:

NAME: _____ DL #: _____ PHONE: _____

ADDITIONAL COMMENTS: _____

I HAVE RECEIVED A COPY OF THE *PARENT HANDBOOK* FOR THE 2026-2027 SCHOOL YEAR AND AGREE TO ABIDE BY THE POLICIES IT CONTAINS. I WILL NOT HOLD THE LEGACY CHURCH OF CHRIST LOCATED AT 8801 MID-CITIES BLVD, N. RICHLAND HILLS, TX 76182, LEGACY CIRCLE PRESCHOOL, OR ANY STAFF MEMBER THEREOF RESPONSIBLE FOR ANY ILLNESS OR ACCIDENT WHILE MY CHILD IS IN THEIR CARE ON OR OFF THE PROPERTY STATED.

(SIGNATURE OF PARENT OR GUARDIAN)

DATE

**AUTHORIZATION TO CONSENT
TO MEDICAL TREATMENT of a MINOR**

CHILD'S NAME: _____

YOUR CHILD'S PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE (in an emergency your child will be taken to the nearest available hospital)

_____ CITY: _____

MEDICAL INSURANCE CARRIER: _____

PLEASE PROVIDE US WITH A COPY OF YOUR MEDICAL INSURANCE CARD (if applicable)

MEDICAL HISTORY

Allergies, if any, including medication: _____

Chronic or existing diseases or medical problems: _____

Medications: _____

I authorize a representative of the Legacy Church of Christ, located at 8801 Mid-Cities Blvd, N. Richland Hills, Texas 76182 to seek and obtain emergency medical care for my child, _____, under the supervision of any physician licensed to practice medicine. This authorization is effective through May 31, 2027.

Dated this _____ day of _____ 20 _____

(Signature of Parent or Guardian)

CIRCLE OF FRIENDS 2026-2027 INFORMATION AND PERMISSIONS

Child's Name: _____
(First) (Last) Boy/Girl

Age as of September 1, 2026: _____ *Classes are grouped according to age. Your child will be placed in a class based on his/her age on Sept. 1.

Special Request: _____

How did you hear about us? (if new) _____

Please check one: I would like to purchase a memory book for my child for the 2026-2027 school year. The cost is \$60 and is due at the time of registration.

Yes No

PERMISSIONS:

Circle of Friends has my permission to give my phone number or email address to classmates upon request:

Yes Email: _____

Phone: _____

No:

The Circle of Friends Facebook page stays updated with pictures from our daily activities and special events. Circle of Friends has my permission to post my child's picture to the Circle of Friends Facebook page:

Yes No

Circle of Friends has my permission to use my child's photo on the CoF website or on other promotional materials or brochures:

Yes No

Parent Handbook

I acknowledge receipt of the 2026-2027 Circle of Friends Parent Handbook and understand that it contains changes and updates. I agree to abide by the policies contained in this updated handbook.

Printed Name: _____

Signature: _____

Date: _____

CREDIT CARD PAYMENT OPTIONS



All credit card payments are subject to a 3% Square processing fee.

Options to pay by credit card:

- 1) You can go to the following web address to pay online:
<http://www.squareup.com/market/circleoffriends>.
- 2) You can provide us with your credit or debit card information and your card will automatically be charged at the beginning of each month.
- 3) You can request an invoice be emailed to you at the beginning of each month with a payment link.

*You are of course always welcome to pay via check or cash every month.

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YES! I would like to pay my registration fees with a credit/debit card. My information is below.

YES! I would like for my child's tuition to be automatically charged to my credit/debit card on the first school day of each month. My information is below.

Student Name_____

Circle one: Visa Master Card American Express Discover

Card Number_____

Exp Date_____ Security Code/CVV_____ Billing Zip Code_____

By signing, I authorize Circle of Friends to charge tuition to my card on the first school day of each month:

Name:_____ Signature:_____

*Credit card info will be kept secure and all forms will be shredded at the end of the school year.

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YES! I would like to request that an invoice be emailed to me at the beginning of each month with a link so I can pay via credit or debit card.

Student Name_____

Email Address_____