

## 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 10<sup>th</sup>. If the supply fee is turned in after Jan. 10<sup>th</sup>, 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 10<sup>th</sup> 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](http://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](mailto:legacy.cof@gmail.com) and our website is [www.legacycoc.org/circle-of-friends](http://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: \_\_\_\_\_

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ PHONE: \_\_\_\_\_

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 \_\_\_\_\_