



BRUSH CREEK NURSERY SCHOOL ADMISSION & FINANCIAL AGREEMENT • 2026 - 2027

Brush Creek Nursery School is a private, non-profit nursery school open from late August through early June.

Facility Number/Tax ID: 490 105414

Operating Hours: M – F from 7:30 AM – 4:30 PM

Closures: Major holidays, 2 weeks for winter break (Dec/Jan), 1 week for spring break (Mar)

Core Class Schedules: Acorn & Oak Classes: M-F 9 AM- 12 PM; MWF 9 AM – 12 PM; TTH 9 AM – 12 PM

Early/After Care Program hours: 7:30 – 9 AM and 12 – 4:30 PM; contract care available *see early/aftercare form for details*

Tuition Cost: MWF - \$490/month; TTH - \$350/month; M – F (5 days)- \$840/month

Early/After Care Cost: Early/aftercare costs are based upon the total number of in session school days for the calendar year and are divided into 10 monthly payments based upon your schedule. *see early/aftercare form for details*

Scholarships: Partial scholarships are subject to availability for both the school year or short-term hardships. Applications are available upon request and are reviewed by our committee.

Please review the Admission and Financial Agreement thoroughly. Your cooperation in keeping this agreement allows BCNS to function in a way that is most beneficial to your child(ren). We intend to establish clear expectations and an understanding between our staff and the families of students in attendance.

Terms and Conditions:

- **Tuition:** Invoices are distributed by the 1st of the month. Payments are due by the 10th of the month.
- **Late Fees:** Non-payment by the 10th of the month incurs a \$25 late fee to your account. Non-payment by the 15th of the month incurs an additional \$25 late fee. Failure to make payment by the end of the month results in a hold on your child’s enrollment beginning the first day of the subsequent month. If special circumstances exist, please speak with the Program Director to establish a special payment arrangement. In cases of special arrangements, you will not incur late fees unless you agreed upon date passes without payment.
- **Enrollment Fee:** A non-refundable \$125 Enrollment Fee is due annually at the time of registration.
Refundable Tuition Fee: The remaining portion of the deposit - Refundable Tuition - is due annually at the time of registration and is only refundable if you drop your spot by June 15th (prior to fall start).
- **Fundraising Fee:** A \$100 Fundraising Fee is billed in October; payment is required of all families.
Please opt for a one-time payment or a two-payment plan by checking the appropriate box below.
- **Holidays:** All observed holidays appear on our school calendar distributed at the beginning of the year. The BCNS budget and tuition cost is calculated yearly. The total tuition cost is divided into equal monthly payments (*excluding August*) therefore, no credits are given for holidays.
- **Absences:** There is no credit given for vacations, illness, etc. Occasionally we may experience school closures beyond our control. Our policy is: No tuition refunds for closures less than one week in length. Early/Aftercare will be credited in these cases for a one week or longer closure. If a closure occurs after the tuition is paid for that month (regardless of how far into the month it happens), tuition will not be returned or credited for that month. If closure continues into the next month, the Board will determine possible adjustments. Early/After Care that was prepaid for the month will be credited for days missed.
- **Drops:** A minimum of two weeks’ notice is required for dropping our program anytime during the year. If no notice is given, a half-month’s tuition is charged. No refunds are given for drops after May 1st.
- **Late Pickup:** Children must be picked up by 12 PM if after care is not arranged. There is a small grace period, but we ask that you adhere to the pickup times. If your child remains in our care past pickup time you will incur a \$25 late fee to your invoice. Subsequent third and fourth late pickups each incur a \$50 fee. If there are more than four occurrences, the Program Director will request a meeting to determine whether BCNS is the best place to meet your family’s scheduling needs.
- **Hours:** BCNS closes promptly at 4:30 PM. Pickup after 4:30 PM, with or without prior notification, incurs automatic late pickup fees detailed above.
- **Returned Check Fee:** Returned checks incur a \$25 fee.

I have read the BCNS Admission and Financial Agreement and agree to the financial terms as stated above:

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

Please select your preferred Fundraising Fee installment(s) below:

_____ Full payment - \$100 billed in October _____ Two ½ payments - \$50 billed in October & November



BRUSH CREEK NURSERY SCHOOL

SIGNATURE FORM • 2026 - 2027

I (We) agree to the admission of _____ to Brush Creek Nursery School.
(Print Child's Name)

Brush Creek is a private, non-profit preschool. It serves ambulatory children 2 years through 5 years. We are currently open from 7:30 a.m. to 4:30 p.m., Monday through Friday. Our license capacity is 45 children. Our license number is 490105414. I (We) understand the Community Care Licensing has the authority to interview children and staff and to inspect and audit children's or facility records without prior consent. I (We) understand Community Care licensing has the authority to observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed medical professional physician examine the child.

SIGNATURE FORM PREFERENCES	
PARENT/ GUARDIAN	NAME
	EMAIL
BASED ON YOUR PREFERENCES, PLEASE CHECK APPROPRIATE BOXES BELOW:	
DIRECTORY	<input type="checkbox"/> I (We) <u>agree</u> to have my address, phone number, and e-mail address published in the in-house Brush Creek Nursery School address and phone list. If two households exist, please let us know if you want both to show on the class list.
	Please note any exceptions (e.g., 'No Address') or comments: _____ _____
PHOTOS	<input type="checkbox"/> CLASS PHOTO I give permission for my child's photo to be taken by the professional school photographer at the beginning of the school year.
	<input type="checkbox"/> EDUCATIONAL DOCUMENTATION I give permission for school employees to take photos of my child for internal/educational purposes.
	<input type="checkbox"/> SOCIAL MEDIA I give permission for school employees to occasionally share images/photos taken at Brush Creek Nursery School that include my child on the school's Facebook page. My child's name will NOT be used.
X	I (we), the undersigned, agree to the above conditions of this Admission Agreement. Furthermore, I (we) agree to the conditions of the Brush Creek Nursery School Handbook which explains parents' rights, complaint procedures, program activities services, financial procedures, program operation, discipline and personal belongings needed by my child.
	_____ PARENT/GUARDIAN SIGNATURE DATE



BRUSH CREEK NURSERY SCHOOL RELEASE: OFF-CAMPUS • 2026 - 2027

OFF-CAMPUS PERMISSION FORM

My child, _____ has my permission to participate in neighborhood walks as part of the Brush Creek Nursery School program. I understand that the school takes responsibility for my child's safety on such trips. The Oak class may visit the charter school across the street during the year as part of our "buddy" program but driving field trips are unlikely. We will always notify parents ahead of time of any walks off the school grounds or driving field trips.

Please specify if there are special conditions for your child going on a walk.

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature



BRUSH CREEK NURSERY SCHOOL

RELEASE: EMERGENCY & MEDICAL • 2026-2027

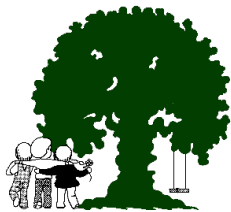
Please print entries below as clearly possible, this form will be photocopied as a part of our emergency preparedness planning.

Child Name	Last	First	Date of Birth
Parent/Guardian 1 Name	Last	First	Relationship to Child
Cellphone	()		
Parent/Guardian 2 Name	Last	First	Relationship to Child
Cellphone	()		
Home Address			
(OPTIONAL) Additional Address			
Alt. Emergency Contact Name	Last	First	Relationship to Child
Child's Physician Name			Phone ()
Child's Dentist Name			Phone ()
Preferred Hospital			
Allergies (include known food allergies)			

As the parent or authorized representative, I hereby give consent to BCNS to obtain all emergency medical or dental care prescribed by a duly licensed physician, osteopath, or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named below:

Name of Child _____ Date _____ Printed Full

Parent/Guardian Printed Name _____ Signature _____



BRUSH CREEK NURSERY SCHOOL ENROLLMENT FORMS CHECKLIST

Keep this page for your own records

All forms listed below can be located on our website:

<https://brushcreeknurseryschool.org/enrollment-forms/>

Please complete the following forms. Your child may not attend the first day of school, including summer school, if we have not received these forms:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

- ID & Emergency Information **LIC 700**
- Physicians Report **LIC 701**
- Childs Health History **LIC 702**
- Personal Rights **LIC 613A**
- Notification of Parent's Rights **LIC 995**

BRUSH CREEK ADMISSIONS FORMS *(This Packet)*

- Admission & Financial Agreement
- Signature Form (Directory, Photography and Screening)
- Release Forms (Emergency & Medical, and Off-Campus Field Trips)

BRUSH CREEK ADDITIONAL FORMS

- Getting To Know Your Child Better
- Early/After Care Contract *(Optional)*
- Scholarship Request Form *(Optional)*

Please be sure to complete and submit all the above form to:

Ally Madrid

director@brushcreeknurseryschool.org

(707) 539-1612