



CHILDREN'S MONTESSORI PRESCHOOL ENROLLMENT AGREEMENT

I _____, the parent/guardian of _____, do hereby acknowledge we are aware of and will adhere to the following policies of Children's Montessori Preschool.

The above named student is enrolled for the entire nine month session, or the remainder of the session if s/he enters after the session has begun.

Tuition is a set monthly fee of _____. There is no credit for absences or holidays. This fee will be higher if I am late making a payment and/or picking up my child.

Tuition payments must be made on or before the first of each month. A late charge of \$25.00 plus \$10.00 per day will be added if payment is not received by the 10th of the month. If payments are more than one month past due without some arrangement with the bookkeeper, the child will not be permitted to attend class.

In the event of withdrawal, Children's Montessori Preschool must be notified in writing 30 days prior to the date of withdrawal. If a child is withdrawn from the program for any reason, an early termination fee of \$375 plus one month's tuition will be due before the child's last day of school.

If, in the opinion of the faculty of Children's Montessori Preschool, a student indicates by his/her behavior that s/he is either not ready or not adaptable for a Montessori program, the student will be withdrawn. There will be no refund of pre-paid tuition for the disenrollment of a student. Withdrawal of a student because of a decision of the parent/guardian does not relieve parent/guardian from compliance with this contract. Future re-admittance shall be at the discretion of the faculty.

I also agree to abide by the following terms: (please initial by each)

_____ I will provide a written, signed and dated note if someone other than myself or my spouse will pick up my child on any day and the note will give the name, phone number and pickup time for that person.

_____ I understand that the school prohibits attendance of a child during any illness. I agree to contact the school when my child has come down with a communicable disease so that other parents can be notified that their child has been exposed.

_____ I understand my child may not attend school for 24 hours after receiving any immunizations, including flu shots.

_____ I agree to fill out a medication form when I request the school staff to administer medicine to my child.

_____ I agree to present current health and emergency information to the school staff by the first day of attendance, including verified inoculation records or state-approved waivers.

_____ I agree to participate in the snack program. I understand the fee charged for snack will vary based on the number of days per week my child attends school.

_____ I agree that I have read the Parent Handbook in full and agree to abide by the policies set forth therein.

_____ I agree to pay \$_____ each month on **the first of the month**. My child's hours are: _____ . I understand I will be charged for additional daycare at the drop in rate of \$10.00 per hour if I am late picking up my child.

_____ I agree to check my parent mailbox in the classroom and read the bulletin board daily for any pertinent information.

CMPS reserves the right to change or revise any policy pertaining to the operation of the school with 30 days notice.

I understand the conditions of this enrollment agreement and acknowledge receiving a copy of the same. I also understand the above conditions pertaining to enrollment in CMPS and no other enrollment commitment, verbal or otherwise were made.

parent/guardian

date

Shelli Mullins, CMPS Directress

date