

ENROLLMENT CONTRACT – 2017/2018 ACADEMIC YEAR

Parent/Guardian Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail(s): _____

PROGRAM(S)

<p><u>1st Child</u></p> <p>NAME: _____</p> <p>DOB: _____</p> <p>AGE: _____</p> <p>GRADE (2017/2018): _____</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> <p style="margin: 0;">Office Use Only SID: _____</p> </div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Full Day (8:30-3:15pm) <input type="checkbox"/> Early Childhood morning (8:30-11:15am) <input type="checkbox"/> Early Childhood afternoon (12:30-3:15pm) <input type="checkbox"/> Lower Elementary (grades 1-3) <input type="checkbox"/> Upper Elementary/Middle School (grades 4-8) <input type="checkbox"/> Before & After Care <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Before Care (7:15-8:30am) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> After Care (3:15-5:30pm) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Special Education (IEP Expires: _____ if applicable)
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<p><u>2nd Child</u></p> <p>NAME: _____</p> <p>DOB: _____</p> <p>AGE: _____</p> <p>GRADE (2017/2018): _____</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> <p style="margin: 0;">Office Use Only SID: _____</p> </div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Full Day (8:30-3:15pm) <input type="checkbox"/> Early Childhood morning (8:30-11:15am) <input type="checkbox"/> Early Childhood afternoon (12:30-3:15pm) <input type="checkbox"/> Lower Elementary (grades 1-3) <input type="checkbox"/> Upper Elementary/Middle School (grades 4-8) <input type="checkbox"/> Before & After Care <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Before Care (7:15-8:30am) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> After Care (3:15-5:30pm) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Special Education (IEP Expires: _____ if applicable)
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<p><u>3rd Child</u></p> <p>NAME: _____</p> <p>DOB: _____</p> <p>AGE: _____</p> <p>GRADE (2017/2018): _____</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> <p style="margin: 0;">Office Use Only SID: _____</p> </div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Full Day (8:30-3:15pm) <input type="checkbox"/> Early Childhood morning (8:30-11:15am) <input type="checkbox"/> Early Childhood afternoon (12:30-3:15pm) <input type="checkbox"/> Lower Elementary (grades 1-3) <input type="checkbox"/> Upper Elementary/Middle School (grades 4-8) <input type="checkbox"/> Before & After Care <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Before Care (7:15-8:30am) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> After Care (3:15-5:30pm) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Special Education (IEP Expires: _____ if applicable)
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<p><u>4th Child</u></p> <p>NAME: _____</p> <p>DOB: _____</p> <p>AGE: _____</p> <p>GRADE (2017/2018): _____</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> <p style="margin: 0;">Office Use Only SID: _____</p> </div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Full Day (8:30-3:15pm) <input type="checkbox"/> Early Childhood morning (8:30-11:15am) <input type="checkbox"/> Early Childhood afternoon (12:30-3:15pm) <input type="checkbox"/> Lower Elementary (grades 1-3) <input type="checkbox"/> Upper Elementary/Middle School (grades 4-8) <input type="checkbox"/> Before & After Care <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Before Care (7:15-8:30am) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> After Care (3:15-5:30pm) <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> Special Education (IEP Expires: _____ if applicable)
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❖ Multiple child incentive – 2 children, 25% incentive applied to oldest child's tuition; 3 children, 50% incentive applied to oldest child's tuition; 4 children, 75% applied to the oldest child's tuition

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PAYMENT AND REFUND POLICIES

- ❖ A deposit of \$275.00 for the first child enrolled and \$100.00 for each additional child is due with this contract and is non-refundable.
- ❖ All families must enroll in the FACTS program on line.
- ❖ If a family wishes to hold a spot when a child will not be starting at the beginning of the school year (as in the case of a child turning three or a family moving in from out of town), they may do so by paying the deposit and committing to the full tuition by selecting one of the payment plans below.
- ❖ Tuition for families who choose to enroll after the start of the school year will be pro-rated.
- ❖ Credit card payments may be set up to automatically debit or pay online and will be subject to a 2.75% convenience fee.
- ❖ Insufficient funds for payments made by automatic withdrawal (to FACTS) will be subject to a return payment fee of \$30.
- ❖ Late payments made (to FACTS) by check, credit card or online bill pay will be subject to a late fee of \$35.
- ❖ Early childhood morning students who are picked up past 11:15am will be charged \$10.00 per occurrence.
- ❖ Early childhood afternoon students and all full day students picked up after 3:15pm will be sent to after care and will be charged the drop in rate of \$15.00 per occurrence.
- ❖ Extended care students who are picked up past 5:30pm will be charged a \$10.00 late fee per occurrence.
- ❖ For NEW families to MSBG, following a probationary period and determination that the child's educational placement is not appropriate, enrollment may be discontinued – the family will be responsible for 20% of the total tuition.
- ❖ Families who withdraw their child prior to 7/1 forfeit the tuition deposit only – additional tuition paid will be refunded.
- ❖ Families who withdraw their child starting 7/1 through 10/31 are obligated to pay 50% of the total tuition.
- ❖ Families who withdraw their child starting 11/1 through 12/31 are obligated to pay 75% of the total tuition.
- ❖ Families who withdraw their child starting 1/1 are obligated to pay 100% of the total tuition.
- ❖ Any decision to withdraw a child by the school following the probationary period will result in a refund of tuition balance from the date of withdrawal forward.
- ❖ Extended care is paid on an as needed basis or families may enroll in a payment plan that coincides with their tuition – families may change from paying for per day usage to a payment plan or vice versa, once per academic year.
- ❖ Families enrolled in extended care payment plans will not be refunded for unused days.
- ❖ In the event of a split payment plan due to custodial arrangement, both parties must sign the contract to be held accountable for payment. If only one party signs, full payment is expected from that party.

PAYMENT PLAN <i>(select one)</i>	
<input type="checkbox"/> Annual plan	Payment Due Date: June 1, 2017
<input type="checkbox"/> Semi-annual plan	Payment Due Dates: June 1, 2017 and January 1, 2018
<input type="checkbox"/> 10 month plan	Payment Due Dates (select one): <input type="checkbox"/> 5 th of the month OR <input type="checkbox"/> 20 th of the month (Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr)
<input type="checkbox"/> 12 month plan	Payment Due Dates (select one): <input type="checkbox"/> 5 th of the month OR <input type="checkbox"/> 20 th of the month (May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr)
<ul style="list-style-type: none"> ❖ Payment incentives for tuition <ul style="list-style-type: none"> <input type="radio"/> Annual plan – 2% incentive applied to tuition balance following deposit <input type="radio"/> Semi-annual plan – 1% incentive applied to tuition balance following deposit 	

Office Use Only
Date: _____
Deposit: _____
Check #: _____
Enroll #: _____
Initials: _____
FID: _____

I have read and understand the enrollment portion, program options and payment process outlined in this contract. Further, I understand the withdrawal and late fees as stated above and understand that timely payments are my responsibility. The undersigned is/are fully responsible for payment according to this contract. I have received, read and understand the Parent/Student Handbook and will partner with the Montessori School of Bowling Green to afford a strong collaborative relationship with the school community for the best interest of my child(ren).

Parent/Guardian name – PRINT

Parent/Guardian – Signature

Date

Parent/Guardian name – PRINT

Parent/Guardian – Signature

Date