

## ENROLLMENT REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

Rev 5/2018

*Please initial each section listed below, then sign and date the last page.*

\_\_\_ Our tuition will remain the same if a child is absent. There are no tuition reductions for vacations, illnesses, etc.

\_\_\_ No makeup days are offered for any reason.

\_\_\_ Our tuition is a yearly fee, broken down over 10 months Sept. – June. Enrollment is based on a 10 month program Sept. to June. We do not offer month to month programs.

### TUITION AND FEES

\_\_\_ REGISTRATION FEE: I understand that an annual, non-refundable, Registration Fee of \$60 shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall of the following year by paying this fee no later than June 4th each year.

I have enrolled my child in the following program(s): Days: (check all that apply)

M  T  W  TH  F For \_\_\_\_\_ AM Program

T  W  TH For \_\_\_\_\_ PM Program

\_\_\_ PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of each month of child's attendance. Tuition Fees *must* be paid before school breaks.

\_\_\_ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The

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school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency

\_\_\_\_\_ AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

\_\_\_\_\_ CHARGES AND PROCEDURE FOR LATE PICK-UP: My school is open from 9:30AM to 12:00PM, Monday through Friday AM program and PM program (12:00PM to 2:30) on Tuesday, Wednesday and Thursday all year, except for scheduled school closing's (please see the school calendar). I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$10 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

\_\_\_\_\_ RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. I am responsible for the principal amount plus all returned check fees.

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted..

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees

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(Tuition, Registration) are non-refundable. I understand there is no deposit refunds for early withdrawal.

\_\_\_\_\_ School closings: I understand that the Montessori Children school closing generally follows the Port Jefferson School District. School open usually the Monday after Labor Day to the second Friday in June.

\_\_\_\_\_ ABSENCES/VACATIONS: I agree to inform the school if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for absences (i.e. sickness). I also understand that if I withdraw my child for a vacation, I will be required to pay the monthly tuition.

\_\_\_\_\_ INCLEMENT WEATHER OR OTHER DISASTERS: I understand that it is the company's intention to be open and provide child care service every weekday of Sept. thru June of that year, excluding scheduled school closures, but inclement weather, natural/national disaster or major building issue may disrupt service from time to time. For closings due to inclement weather I will check with Channel 12 news in case of snow. If Port Jefferson School District is closed, we are closed. If Port Jefferson School District has a delayed opening, we are closed. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

\_\_\_\_\_ PARENT HANDBOOK: I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_ I do understand there is an additional cost for field trips. I understand if I do not want to participate in the field I will stay home and there is no school on that day.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_