



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 ten month session, or the remainder of the
session if s/he enters after the session has begun. This agreement will also cover students who
enroll in the optional summer program following the regular school year.

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 or have charges
for extra attendance time.

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 and a withdrawal fee of \$25.00 paid at that time. If a child is
withdrawn from the program for any reason within 45 days of his/her first day of school, an early
termination fee of \$375 will be assessed in place of the withdrawal fee. Pre-paid tuition will not
be refunded. Withdrawal of a student because of a decision of the parent/guardian does not
relieve parent/guardian from compliance with this contract.

Children's Montessori Preschool reserves the right to withdraw a student if s/he acts in a manner
inappropriate for the program. No withdrawal fee will be assessed and there will be no refund of
pre-paid tuition for the disenrollment of a student. 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 (this does not apply to the flu mist).

_____ I agree to call (not email, as staff do not have access to email in the classroom) the school in the event my child will be absent for any reason. I understand the school will contact me in the event my child is expected but does not attend school.

_____ 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 record. State approved waivers will not be accepted.

_____ 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 \$8.00 per hour if I am late picking up my child. For pickups after 5:30, the charge is \$5.00 per minute. Students who are picked up after 5:30 more than once will be withdrawn from the program.

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

_____ I give permission for the staff of CMPS to photograph my child. Photos are for school use only and published in a scrapbook that will be available for purchase at the end of the year. Photos will not be used on any website or advertising without additional permission.

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