



## Enrollment Application and Contract

Kalamazoo  Richland

Student (Last) (First) (Middle) (Nickname) (Birthdate) (Start Date)

Address

Telephone

Mother's Name

Father's Name

**E-MAIL: Mother (Print)** \_\_\_\_\_ **Father (Print)** \_\_\_\_\_

**Program:**  1<sup>st</sup> Year Primary (3 yr. olds)  2<sup>nd</sup> Year Primary (4 yr. olds)  
 2<sup>nd</sup> Year Extended Day (4 yr. olds)  3<sup>rd</sup> Year Extended Day (5 yr. olds)  
 Elementary

**Tuition:**  Installment Plan  Prepayment Plan

Special instructions: \_\_\_\_\_

Special Enrollment Notes (Office Use): \_\_\_\_\_

Upon acceptance by the administration, and with my payment of the appropriate non-refundable enrollment deposit, please enter my child or ward as a student in The Montessori School for the full school year, subject to the general statements, rules, regulations, conditions, traditions, and financial terms contained in the parent handbook, the calendar, the rate sheet and the application for admission.

1. A nonrefundable application fee of \$35 is required of each family. When an applicant is accepted and a position is available, a **nonrefundable deposit** is required to secure my child's enrollment. This deposit is **nonrefundable** except in the case where a parent loses a job, is required by their employer to transfer out of the area for continued employment, or for quantifiable substantial loss of income. In this case, 50% of the deposit will be refunded and the remaining tuition obligation will be removed so long as the school is notified by May 1<sup>st</sup> of the year for which the deposit is made. Acceptance of my deposit (refer to the rate sheet for amount) constitutes nonrefundable evidence of good faith in binding this contract and will apply to the tuition for the school year and reflects my intention to complete the full three/five year cycle of the primary/elementary program.
2. Once The Montessori School accepts this agreement and a place in the classroom is reserved, my obligation to pay according to the rate sheet is unconditional and not subject to reduction, proration, or setoff because of my child's absence or my decision to withdraw my child or children from the School, or involuntary closure, in which case the School may relocate and/or reschedule its operations including extending the school year, if necessary. All students are enrolled for the entire school year, unless it is expressly agreed to the contrary in writing. An hourly child care fee is detailed in the rate sheet for before and after school child care.
3. I understand that fees for services and installment tuition payments are billed monthly. They must be paid in full within 30 days of billing. (See the rate sheet for details.) A 1.5 % late fee is charged on the unpaid balance at the beginning of each month. The Child Care Program ends at 6:00 p.m.; an additional fee of \$5 per quarter hour per child for late pickups will be charged. I understand my child will not be allowed to attend classes unless fees are paid by the stated deadlines. Supplementary services (child care, after school enrichment, food service, etc.) will not be available

if my account is past due. Deposits for the following year will be accepted only if the account is current. Until the account is current, all monies paid will be posted to the outstanding balance. Thereafter, monies paid may be used to secure future enrollment, provided those monies are accompanied by a signed re-enrollment contract demonstrating my intent.

(Over)

4. The School is not responsible for damages to or loss of personal belongings.
5. I understand that it is my responsibility to provide my child's food and/or drink (for meals and snacks) while he/she attends The Montessori School activities.
6. From time to time The Montessori School staff takes photographs and videos of children during school for the purpose of promotional activities, newsletters, displays, brochures, the School website, etc. I agree to allow the use of my child's photographs for such purposes.
7. I understand it is the policy of the School that, in order to avoid any possible risk of contagion, a student with a contagious and/or communicable disease will not be allowed on the campus. The school administrator has the authority to make the decision based on the advice of the classroom staff and appropriate professionals.
8. The school believes that a positive and constructive working relationship between the School and a student's parents or guardian is essential to the fulfillment of the School's mission. Therefore, the School reserves the right to discontinue enrollment or to refuse to reenroll any student if the School concludes that the actions of a parent or guardian interfere with such constructive and positive relationship or with the School's ability to accomplish its educational goals.
9. I agree to release The Montessori School, its faculty, staff, and volunteers from any claims I or my child may have for injuries or damages by third parties, whether such injuries or damages occur on school premises, or while away from those premises on school-sponsored field trips or
10. I agree that if any emergency medical procedure or treatment is required while my child is under The Montessori School's supervision, and I cannot be contacted to give my consent to such treatment or procedures within a reasonable time as the circumstances may allow, I permit The Montessori School and its faculty and staff to consent to such procedures or treatment in my absence as they, within their discretion, determine to be necessary. I further agree to release The Montessori School and its faculty and staff from any claims for injury or damages resulting from such emergency medical procedures or treatment.
11. I understand that the laws of the State of Michigan and the policies of The Montessori School require students in all classes to have specific health records and emergency notification information on file before attending the first day of classes. Forms will be provided by the School upon acceptance for admission. Children must be potty-trained to begin school.
12. I give my consent to have directory information printed in the school directory for distribution to the families of other enrolled students:  
 Yes  No

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SIGNATURE OF MOTHER (OR LEGAL GUARDIAN)

(PRINT NAME)

DATE

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SIGNATURE OF FATHER (OR LEGAL GUARDIAN)

(PRINT NAME)

DATE

**To apply for admission, mail completed application with your one time application fee of \$35 to  
The Montessori School, 750 Howard Street, Kalamazoo, MI 49008**

**(February 2010)**