



2016-2017 Enrollment Contract

This is to enroll _____ at Apple Montessori School for the 2016-2017 school year in the _____ month calendar program from _____ a.m. to _____ p.m. I/we choose to pay the tuition in

- One annual payment:** Total tuition due July 10th.
- Two equal payments:** First payment due July 10th and the second January 10th.
- Monthly payments:** Payments begin July 10th and are due the 10th of each month. The last payment for the 10-month calendar is April 10th. Monthly payments include a \$35 service fee.

Tuition Payments

Tuition payments are made through the FACTS tuition management system. I/we agree to enroll with FACTS and have the money withdrawn from our bank account for the outstanding balance at the statement due date. To enroll in the FACTS program visit www.applemontessorimd.com and click the FACTS logo on the admissions page.

Fees

Late Payments: There is a \$35 fee, for both late payments and returned checks.

Extra Hours are available on an as need basis if space is available. It is \$10 an hour. The extra hours will be billed on a monthly basis. Payment is due upon receipt.

Late Pick up Charges: Apple Montessori School closes promptly at 6:00pm. Therefore, all children must be picked up by 6:00pm. The following charges will be assessed for late pick up. \$10.00 for the first five minutes and \$2.00 for each additional minute.

Change of Calendar or Hour Options

Calendar and hour changes need to be made in writing on or before the 20th of the month and are effective the first of the next month. Requests are considered on a space available basis.

10 Month Calendar: No fee to change hours or to 12 Month Calendar

12 Month Calendar: \$1, 000 fee to change to 10 Month Calendar

Withdrawal

Apple Montessori School may terminate child's enrollment as follows:

Upon two (2) weeks notice for the following reasons:

- Parental failure to abide by this agreement and by school policies.
- The school program is not meeting the developmental or special needs of the child as determined by the educational director.

Immediate withdrawal may be requested for the following reasons:

- Health or behavioral problems that threaten the safety, health or well-being of the child, other children or the staff.
- Disregard of tuition policies.
- A pattern of late pick-up.
- Conduct of parents or guardians of the child that threatens the well-being of the children or staff.
- Observation by the staff that the child in the Early Childhood program is not fully toilet trained.

The student may withdraw from the school and terminate this agreement under the following conditions:

1. A written letter to Apple Montessori School of your intent to withdraw from the school accompanied by a nonrefundable withdrawal fee (\$600 10-month calendar, \$1,000 12-month calendar). The letter shall be effective on the first day of the calendar month following the date of submission (the "Effective Date").
2. Sixty(60)days from the Effective Date, the student will be considered to have voluntarily withdrawn from Apple Montessori School ("the Withdrawal Date").
3. Any payments due after the Withdrawal Date shall be cancelled, except any outstanding balance accrued up to the Withdrawal Date.
4. After the Withdrawal Date, annual semester and installment payments as well as prepayments shall be refunded to the extent they exceed any tuition due under this contract.
5. All fees, including the annual student fees are non refundable.

Parental Consents

Student Directory: I/we give permission to Apple Montessori for my/our child to be included in the student directory (includes home address, home/cell phone numbers and email). The directory is distributed to all Apple school families.

Promotional Materials: I/we give permission to Apple Montessori School to use photographs and/or videos taken of my/our child for promotional use in school materials, on the school's web site and face book page, by the media and in school displays.

Emergency Medical Attention: I /we give my/our express consent to Apple Montessori School, or any agency acting in its behalf, to secure and provide any medical and dental attention deemed necessary at the discretion of Apple Montessori School for my child during a period when I cannot be contacted by telephone. I further agree to assume complete financial responsibility for any and all medical expenses incurred on behalf of my child under the above conditions. I/ we agree to release, indemnify and hold harmless Apple Montessori School and its agents for any and all damages arising from medical conditions, both known and unknown, not directly caused by the School's gross negligence.

Field Trips and Beyond the Walls: I/we give permission for my/our child to take field trips within the Washington metropolitan area by foot, bus or car with his/her class. In the event of an accident or emergency, I/we authorize the Apple Montessori School's staff member in charge to administer first aid or to obtain immediate medical supervision at a nearby hospital or clinic. I/we release Apple Montessori School and their employees from all liability for accidental injury to my/our child while in the care of Apple Montessori School.

School Policies

Apple Montessori School does not discriminate on the basis of national origin, race, color, religion or disability in the admission of students, the employment of staff or in the administration of its policies.

Children with special needs may enroll at Apple Montessori School if their developmental needs can be met with reasonable accommodations and without fundamentally altering the educational developmental program offered by the school.

Children may enter the two-year old class on their second birthday.

Children entering an Early Childhood class must be fully potty trained

Children may not start class until all required health and emergency care forms and tuition fees have been received.

Reserving and Retaining Enrollment

The \$50 application fee (new students only) and the \$600 enrollment fee are due with this signed document. Payment of these **nonrefundable** fees secures your child's placement at Apple Montessori School.

I/we understand that I/we assume full responsibility for the payment of the school tuition and fees for the program selected and that no portion of tuition or fees will be refunded or canceled in the event of absence, illness or failure to attend school. School records will not be released until all financial obligations have been met.

I/we have read and understand this enrollment contract agreement. I/we agree to abide by and support these policies.

Signature parent/guardian*

Print name

Date

Signature parent/guardian*

Print name

Date

Accepted by Apple Montessori School

Signature of School Representative

*Unless only one person/parent/ guardian is legally responsible for the payment, we ask both parents to sign the contract.

Notice of Contract Cancelation

I/we understand to cancel this contract, written notice must be received by Apple Montessori School's office on or before June 1, 2016.