

2018-2019 Enrollment Contract

Child's Name _____

Childs DOB _____

Mom's Name _____

Dad's Name _____

Preschool 2.5 -5 years Half Days Fridays are only an option if you are doing 5 days

M Tu W Th F

Kindergarten 5-6 years - Full days M-Fr

Elementary 6-12 years Full days M-F

Address 1: _____

Address 2: _____

City: _____

State: WA

Zip: _____

Mom's Cell: _____

Dad Cell: _____

Other Cell: _____

Mom's email: _____

Dad's email: _____

I understand that 15 hours of volunteer time is required per child per year.

I'd like to volunteer for: Pancake Breakfast Drop-off Coordinator

Science Fair Spaghetti Dinner Scrapbooking Coordinator

International Day Cleaning Clean-up/Fix-up Days

Carnival Gardening Classroom Assistant

Garage Sale Committee Members (supporting members to the Coordinators)

Initials _____ I understand that Montessori is a 3-year cycle and that the Kindergarten year is the pinnacle of the 3-year cycle. I will keep my student here at DPM for his or her Kindergarten year. By saying yes, I will receive preference during enrollment periods.

_____ I understand that my child's vaccination records are required for enrollment and that the school needs these records by July 31st.

_____ I understand that the school year is a 10 month year, and that summer camps are separate, and outside of the normal school year.

School Bag:

I understand that my child is to use the DPM school bag, which was provided their first year, to bring work home on Monday. Each Thursday I will make sure to have my child bring this bag so that teachers are able to place the child's work in it to be sent home on the next Monday. Please do not lose this bag. You will be charged for a 2nd bag.

(PLEASE TURN THIS CONTRACT OVER TO COMPLETE, SIGN & RETURN)

Initials

An enrollment registration fee of \$ 150 is due within a week of receiving this document. The receipt of the deposit and the signed Contract constitutes a contract that the student will attend the Dancing Pines Montessori School as noted in the beginning of this Contract, unless written notification of withdrawal is received before July 15th. In all cases, the enrollment deposit is non-refundable.

In accepting this Agreement, the undersigned accepts the responsibility for tuition for the full school year. In the case of a student being withdrawn any time after July 14th, tuition for the entire year must be paid. The school reserves the right to cancel the student's enrollment if payments are not made by the agreed upon due dates. Furthermore, in cases where tuition is past due, the school will reserve the right to withhold records or transcripts to other schools. Late payments are subject to late fees. In cases of failure to pay, the parent or guardian who is responsible for payment agrees to pay, to the extent permitted by law, the school's expenses of enforcement and collection, including attorney's fees and costs.

Dancing Pines Montessori reserves the right to terminate this contract if 1) if a student's behavior or lack of cooperation is deemed unacceptable; or 2) tuition payments are overdue. If the school exercises its right under this section to terminate this contract, appropriate tuition rebates will be determined on a case- by-case basis.

Dancing Pines Montessori is closed for the month of August. Any payments made after July 31st are subject to late fees.

Please Your Choose Payment Option:		Amounts ^{1◇}
		(The amount will be filled in by the school and a copy returned to you)
<hr/>	Tuition paid in full on or before July 15 th •.	\$ <hr/>
<hr/>	Tuition paid in two installments, First one due by July 15 th •, Second Installment due by January 1 st .	\$ <hr/>
<hr/>	² Tuition paid in ten monthly increments due by the first ³ • day of each month, except for September, which is due by June 15 th .	\$ <hr/>
		This will be filled in by the School

 Parent/Gardian Signature

 Date

 Accepted by School

 Date

^{1◇} Amounts are listed on the last page of this document.

² Monthly tuition payment is paid in advance. September's tuition is paid in June. October's tuition is paid in September, and so on.

³• Late fees are assessed each 5 days payment is late. 5 days late will incur a \$20 fee, 10 days late will incur an additional \$30 fee, 15 days late will incur an additional \$40 fee, and 20 days late will incur an additional \$50 dollar fee. If a payment is 10 days late the fee will be \$50, if the fee is 15 days late the total fee will be \$90, if the payment is 20 days late the fee will be \$140.

Emergency Contact & Medical Information

M F

Childs Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent/Guardian's Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State, Zip

City, State, Zip

Alternative Emergency

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State, Zip

City, State, Zip

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone

Insurance Company

Policy Number

Does your Child have any allergies or allergy consideration, or other medical conditions the school should be aware of?

Yes: No:

Please List:

Parent's signature

Date

Allergy/Medical Emergency Plan

In the Event of	
Please do:	

If medication is to be administered, we need a doctor's signature.

Field Trips

- I understand that it is the parents' responsibility to get a child to the location of any field trip, unless they have made arrangements with another parent, or one of the Dancing Pines Montessori teachers.
- I give permission for my child to go on field trips. I release Dancing Pines Montessori from liability in case of accident during activities related to Dancing Pines Montessori, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

Snack Fee Instead of Providing Snacks

Initials

_____ I would prefer to BRING Snacks

_____ I would prefer to Pay the SNACK Fee (\$150)

Parent's signature

Date

Decline Enrollment

Child's Name _____

Mom's Name _____

Dad's Name _____

_____ My child stated above will not be returning for the 2018-2019 school year.

_____ I understand that if I change my mind, that my child may not have a have a spot for the 2018-2019 school year

_____ 1.

Parent/Gardian Signature

Date

Tuition & Fee List

		2017-18	2018-19
Half-Days	MTWTF	\$5250 (per year) \$2625 (2 payments) \$525 (10 payments)	\$5400 (per year) \$2700 (2 payments) \$5400 (10 payments)
Half-Days	MTWT	\$4500(per year) \$2250 (2 payments) \$450 (10 payments)	\$4620 (per year) \$2310 (2 payments) \$462 (10 payments)
Half-Days	MTW Special rate for 2.5 year olds during their first 4 months	\$4250(per year) \$425 (10 payments)	\$4300(per year) \$2150 (2 payments) \$430 (10 payments)
All-Day Kinders & Elementary	MTWTF M-Th - 2017 - \$8000 M-Th - 2018 - \$8300	\$8500(per year) \$4250 (2 payments) \$850 (10 payments)	\$8750 (per year) \$4375 (2 payments) \$875 (10 payments)
Yearly Registration Fee		\$150	\$150
Primary Supply Fee		\$115	\$150
Elementary Supply Fee		\$115	\$275
Snack Fee		\$150	\$150