

Office Use Only	
Date Received	_____
Check No.	_____
Snack Fee	_____
Supply Fee	_____

2019-2020 Enrollment Contract

Child's Name	_____	Childs DOB	_____
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Parent Name	_____	Parent's Name	_____
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Preschool	2.5 -5 years Half Days	Fridays are only an option if you are doing 5 days			
<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	

Kindergarten	5-6 years - Full days	<input type="checkbox"/> M-Th	<input type="checkbox"/> M-F
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Lower Elementary	1st - 3rd Grade	<input type="checkbox"/> M-Th	<input type="checkbox"/> M-F
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Upper Elementary	4th - 6th Grade	<input type="checkbox"/> M-Th	<input type="checkbox"/> M-F
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Address 1:	_____	Address 2:	_____
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City:	_____	State:	WA	Zip:	_____
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Parent Cell:	_____	Parent Cell:	_____	Phone:	_____
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Parent's email:	_____	Parent's email:	_____
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<input type="checkbox"/>	I understand that 15 hours of volunteer time is required per child per year. If I do not meet my required hours I will be charged a flat fee of \$500
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I'd like to volunteer for:	<input type="checkbox"/> Pancake Breakfast	<input type="checkbox"/> Drop-off Coordinator
<input type="checkbox"/> Science Fair	<input type="checkbox"/> Spaghetti Dinner	<input type="checkbox"/> Scrapbooking Coordinator
<input type="checkbox"/> International Day	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Clean-up/Fix-up Days
<input type="checkbox"/> Building Projects	<input type="checkbox"/> Farm Projects	<input type="checkbox"/> Animal Care
<input type="checkbox"/> Carnival	<input type="checkbox"/> Gardening & Grounds	<input type="checkbox"/> Classroom Assistant
<input type="checkbox"/> Garage Sale	<input type="checkbox"/> 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.

Amounts[∅]

(The amount will be filled in by the school and a copy returned to you)

Please Choose Payment Option:

_____	Tuition paid in full on or before July 15 th .	\$ _____
_____	Tuition paid in two installments, First one due by July 15 th , Second Installment due by January 1 st .	\$ _____
_____	Tuition paid in ten monthly increments due by the first =day of each month, except for September, which is due by June 15 th .	\$ _____
		<small>This will be filled in by the School</small>

Parent/Gardian Signature

Date

Accepted by School

Date

Emergency Contact & Medical Information

Child's Name	Date of Birth			M	F
Parent's/Guardian's Name	Parent/Guardian's Name				
Home Phone		Home Phone			
Cell Phone		Cell Phone			
Address	Address				
City, State, Zip	City, State, Zip				

Alternative Emergency

Primary Emergency Contact:	Phone:	Cell:
Address:	City, State, Zip:	
Secondary Emergency Contact:	Phone:	Cell:
Address:	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: <input type="checkbox"/>	No: <input type="checkbox"/>

Please List:

Allergy/Medical Emergency Plan

In the Event of :

Please do:

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

Parent's signature	Date
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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/Guardian's Signature	Date
Witness Signature	Date

Snack Fees

- I would prefer to Bring Snack
- I would prefer to Pay Snack Fee of \$175

Parent/Guardian's Signature	Date

Decline Enrollment

Child's Name

Parent Name:

Parent Name:

Initial to indicate understanding.

_____ 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

Parent/Gardian Signature

Date

Tuition & Fee List

		2019-20	2020-21
Half-Days	MTWTF	\$5,560 (per year) \$2,780 (2 payments) \$556 (10 payments)	\$5,730 (per year) \$2,865 (2 payments) \$573 (10 payments)
Half-Days	MTWT	\$4,760 (per year) \$2,380 (2 payments) \$476 (10 payments)	\$4,900 (per year) \$2,310 (2 payments) \$490 (10 payments)
Half-Days	MTW Special rate for 2.5 year olds during their first 4 months	\$4,510(per year) \$2,255 (2 payments) \$451 (10 payments)	\$4,700(per year) \$2,350 (2 payments) \$470 (10 payments)
All Day Kinder	MTWTF M-Th - 2017 - \$8000 M-Th - 2018 - \$8300	\$8,750 (per year) \$4,375 (2 payments) \$875 (10 payments)	\$9,010 (per year) \$4,505 (2 payments) \$901 (10 payments)
Lower Elementary	MTWTF	\$9,010 (per year) \$4,505 (2 payments) \$901 (10 payments)	\$9,280 (per year) \$4,640 (2 payments) \$928 (10 payments)
Upper Elementary	MTWTF	\$9,280 (per year) \$4,640 (2 payments) \$928 (10 payments)	\$9,560 (per year) \$4,780 (2 payments) \$956 (10 payments)
Yearly Registration Fee		\$150	\$150
Primary Supply Fee		\$150	\$150
Upper & Lower Elementary Supply Fee		\$275	\$275
Snack Fee		\$165	\$175