

Date of Application ___/___/___

Starting Date ___/___/___

Child's Name: _____ DOB _____ Gender _____

Parent's Name and Address _____

Phone: _____ Email: _____

Parent's Name and Address (if different) _____

Phone: _____ Email: _____

Child lives with (circle one): Both parents / One Parent: _____ / Rotating schedule (if so, detail schedule on back)

Please initial each section listed below, then sign and date the last page.

PROGRAM OFFERING

The Ted Di Renzo Montessori School provides a prepared academic learning environment that utilizes the Montessori learning materials, methods and approach. We serve the needs of families from 7:00am to 6:00pm each day. All children are required to be in school by 9:00am. A typical school day includes morning activities (circle time, independent work time, story time, lunch, recess, rest/nap) and afternoon activities (independent work time) and after school activities. We provide morning and afternoon snack. **Parents are responsible for providing lunch.** Naptime and meal times will vary by age group. For further specifications, please refer to a copy of our parent handbook.

_____ Please initial to acknowledge that you have received a copy of the Parent Handbook and understand the school policies.

ENROLLMENT DAYS AND TIME:

Class _____ Drop-Off Time _____ Pick-Up Time _____ Days of the Week _____

_____ **Schedule:** My children will be in attendance on the following days. I understand that attendance on unscheduled days will be billed at my daily rate.

_____ **Late pickup:** In the event of late pickup, I understand I will accrue a late fee of \$5 for the first minute, and \$1 for every additional minute, based on the school clock.

PAYMENT INFORMATION

Registration/Annual Enrollment Fee: \$50 **Date Paid:** _____

Weekly Tuition Amount: _____

_____ **Tuition:** I agree to make my payment weekly beginning on my child's starting date listed above. I have the option to have tuition auto-drafted from my checking account or credit card. If I choose to make my payment in person it must be made using a money order or check; credit cards will only be accepted when setting up auto-draft.

_____ **Tuition:** All sick days, snow days, holidays, and vacation days are paid in full.

_____ **Tuition:** All tuitions are paid in advance and TDRMont reserves the right to withhold child care until an account is brought current. Payments are due on the Monday of the week that services are rendered. By Friday weekly balance should be paid in full or account will be subject to a late-penalty warning. After an accrual of 3 in late-penalty warnings, we will need review families enrollment in our school.

_____ **Returned/Reject payments:** If a payment is rejected or returned there will be a \$25 fee applied to my account. After two returned/rejected payments families must pay via Money Order for the remainder of their time at TDRMont.

_____ **Withdrawal:** In order to cease tuition charges, two week (14 day) advance **written** notice is required prior to the last day of attendance for which children are enrolled. Partial or non-attendance does not void the weekly fee. If notice is not given, 2 weeks of your reserve tuition will be forfeited.

_____ **Absences/Vacation:** I will notify the Director as soon as possible whenever my child will not be in attendance.

_____ **CCIS Families Only:** I will be responsible for any tuition payments, co-payments and fees that are not covered by a third party contract or that are accrued do to my failure to adhere to that contract. I agree to notify TDRMont of any changes to the status of my CCIS status.

SECURITY DEPOSIT REQUIREMENTS

3-WEEK: 1 week is for Christmas Holiday Week, when we are closed. The final two weeks remain in your acct until the last 2 weeks of school. Any family who join the academic year after January 1 only needs to prepay a two-week security deposit.

1-WEEK: Beginning in the 2018-2019 school year families on auto-draft payments are only required to have one week of security deposit on file.

Security Deposit Requirements: _____ **Date Paid:** _____

DAILY PROCEDURE

_____ **Daily Attendance:** I will sign my child in and out each day using the clock located in the classroom. I must enter the facility & escort my child to/from their classroom, checking in with their teacher, for pick up & drop off each day. I understand that arrival time cutoff is 9:30am. Arrangements can be made, in advance, for late arrival when needed.

_____ **Illness:** I will be contacted to arrange pick up if my child exhibits signs of illness during the day. If my child is exposed to or has a contagious disease, I will notify TDRMont as soon as possible. My child will be re-admitted according to the Illness Policy in the Parent Handbook.

_____ **Photographs/Video's:** TDRMont utilizes an audio/video and photography equipment to document the school day and special activities. Initialing here gives TDRMont permission to put school photographs of your child on our website, Facebook page, digital sharing communicates, and school brochures.

_____, the parent/guardian:

Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (§ 3270.124, 3280.124, 3290.124).

Understand enrollment fee, and paid tuition is not refundable.

I understand all rates and policies are subject to change. For further explanation/additional policies please refer to a copy of our Parent Handbook.

I Received complete written program information at the time of enrollment (§3270.121, 3280.121, 3290.121). I have read, understand and agree to the terms expressed above.

Date Parent's Signature

Date Administrator's Signature