



Montessori Children's Academy Application & Enrollment Contract

Parties to the contract are Montessori Children's Academy Inc. (hereinafter-called school) and the Parent (s) and or Guardian(s) of the Named Child. Hereinafter called parent(s), and the parties hereto agree as follows:

The Child, _____ (Birth Date _____ Sex _____) is, at sole discretion of the school, enrolled for the full term (or remainder thereof), attendance to commence on or about _____/20_____ at _____ Campus, and I/We engage those services I/we have indicated on page two of this contract. I/We understand and agree that additional or subsequent services we may engage verbally or in writing will be a part of this contract.

I/We herewith tender the Tuition Registration Fee specified on the current school fee schedule of which shall be retained if the child is not accepted for enrollment/re-enrollment. I/We agree that if the child is accepted for enrollment/re-enrollment, but does not, in fact, enroll or attend classes, for whatever reason, the Tuition Registration Fee will be retained by the school as liquidated damages for expenses incurred to insure the child's enrollment/re-enrollment. All payments made to the school are NON-REFUNDABLE. Montessori Children's Academy Inc. will not be required to refund any monies, at any time, even if the student is expelled by the school administration or withdraws by choice.

I/We understand that the school does not discriminate in the staff or students on the basis of race, religion, sex, or national origin.

I/We agree to become informed about the school's philosophy, methods, and objectives and to provide effective support for the school's program for the child including homework, deportment, and discipline. I/We accept responsibility for and will correct any unruly behavior by the child in the school. I/We agree to immediately inform the school if the child is tutored or undergoes psychological or academic testing, and to promptly give the school all records and to direct practitioners to confer with the school in all matters relevant to the student's school experience. I/We agree that if the school, at its sole discretion, determines that actions of the child and/or its Parent(s) Guardian(s) interfere with the school's ability to accomplish its objectives, the school has the right to immediately dismiss the child and refuse re-enrollment/re-enrollment.

I/We agree that the child is admitted for the full term (or remainder of term if starting date is within a current term) and I we hereby agree to pay tuition and fees according to Payment Plan as specified on the school tuition schedule in effect at the time of attendance and agree that said schedule and subsequent schedules are a part of this contract. I/ We agree that services will be suspended immediately if payment schedules are not met. I/We agree that tuition and fees are not subject to adjustment or refunds because of absence, illness, or withdrawal of the child from school for any reason. I/We agree that there will be no adjustment or refund of fees for absence due to school closure because of riot, civil commotion, civil emergency, war, government order directed to the student or school, medical epidemic, weather, partial or total destruction of school facility, or general economic panic or collapse. I hereby agree to pay the annual tuition amount of \$_____ for the 2014-15 school year. I assume all financial responsibilities with regard to this obligation. I understand that my child will be required to this obligation.

I/We agree to elect a Payment Plan as set forth on the school schedule of tuition and in effect at enrollment/re-enrollment and to be jointly and individually liable to pay all tuitions and fees according to the terms of said Payment Plan. If the Payment plan involves installments then I/we agree all unpaid fees and tuition are immediately due and payable and I/we agree to pay interest on all balances with the school at the rate of one and one-half percent (1.5%) per month until paid. I/We waive notice and agree to pay all costs of collection including reasonable attorney's fees whether suit be brought or not. I/We knowingly and intelligently waive the right to trial by jury. I/We agree that venue and jurisdiction for any litigation relating to this document and or agreement shall be in Miami-Dade County, Florida. If collection due to default occurs, I/we agree that I/we shall be liable for all costs of collection, including filing fees and attorney's fee. In the event of default, interest shall accrue on any balance due at the highest legal rate. I/we agree that the child's school records are property of the school and will not be released until all money due school is paid in full.

Parents are to ensure that their child arrives to school on time. **Arrival is from 8:00 a.m. to 8:30 a.m.** Any deviation from the arrival of school on time on a regular basis must be cleared with the Head Of School. We understand that emergencies may arise. In such cases, we will need a note signed by the parent or guardian explaining the reason for being tardy.

Uniforms must be worn every day. The uniform policy and acceptable items are listed in the Parent Student Handbook and must be strictly adhered to. Parents will be required to drop off the appropriate uniform to students who arrive to school without the proper uniform.

As part of the commitment to Montessori Children's Academy, each family is required to complete **15 volunteer hours** prior to the last day of school. It is the responsibility of the parent to communicate with the teacher and complete the hours on a timely basis. Five (5) hours should be completed by the first semester and the remaining ten (10) hours during the last semester. You will receive a notice of how many hours have been completed with your child's progress report. If you have more than one child enrolled in our school, the hours will need to be divided equally amongst your children. Hours will be tallied at the end of April. Those parents who did not complete their 10 hours are to pay \$100 to the PTO or \$10 per hour not completed.

Parent agrees to not compete with Montessori Children's Academy, solicit pupils or teachers, or in any capacity enter employment of any private or semi-private school located anywhere within the radius of ten miles from Montessori Children's Academy during the term of this agreement, and for a period of one years from the date this agreement terminates unless it shall be mutually agreeable to both parent and school and so stated in writing.

Authorization for Emergency Medical & Surgical Treatment: I/We hereby give consent for school to submit the child for emergency treatment to a hospital and hereby give consent and assume liability for payment of fees for any medical or dental treatment, anesthesia, surgery, radiology, and laboratory work recommended by the attending physicians assigned to the child at the hospital. I/We agree to promptly provide the school the names, phone numbers, and addresses of emergency contacts and to promptly notify the school in writing of any changes.

I/We give Montessori Children's Academy permission to use my child (ren)'s likeness or photo that may appear in School and or Public Publications, TV, or Electronic Media.

The parties hereto agree that this enrollment/re-enrollment contract continuing for subsequent years subject to the tuition and fee schedules, which the school shall publish from time to time.

Father's Signature _____	Driver's Lic. # _____	Date: _____
Mother's Signature _____	Driver's Lic. # _____	Date: _____



Montessori Children's Academy Enrollment Contract

CHILD'S INFORMATION

Name: _____ Birth Date: _____ Sex: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Place of Birth: _____ Citizen of: _____ Current Grade: _____
 Name of last school attended: _____ Dates attended: _____ to _____
 Address of last school attended: _____ Grade completed: _____

FATHER'S INFORMATION

Name: Dr. Mr. _____ Hm. Ph: () _____ Bus: Ph:() _____
 Cell Ph: () _____ Home Address: _____
 Social Security #: _____ Employer: _____ Years there: _____
 Bus. Address: _____ Email Address: _____

MOTHER'S INFORMATION

Name: Dr. Mrs. Ms. _____ Hm. Ph: () _____ Bus: Ph: () _____
 Cell Ph: () _____ Home Address: _____
 Social Security #: _____ Employer: _____ Years there: _____
 Bus. Address: _____ Email Address: _____

PERSON RESPONSIBLE FOR THE BILL (IF NOT THE PARENT) INFORMATION

Name: Dr. Mrs. Ms. _____ Hm. Ph: () _____ Bus: Ph: () _____
 Cell Ph: () _____ Home Address: _____
 Social Security #: _____ Employer: _____ Years there: _____
 Bus. Address: _____ Email Address: _____

CHECK SERVICES REQUIRED:

Toddler Classroom (16 months – 3 Years old - <i>not potty-trained</i>)	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Full-Day
Days of the Week in School:	M	T	W TH F
3 TO 6 year old CLASSROOM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Full-Day
VPK – 4 Year Olds (Please attach the enrollment form)	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Wrap Around Services for VPK Students	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Lower Elementary	<input type="checkbox"/> Full- Day		

SERVICES AVAILABLE:

Early Arrival <i>from 7:30 AM to 8:00 AM (\$5 per day/ \$70 per month)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
Late Pickup <i>from 3:30 PM to 6:00 PM (\$10 per day/ \$125 per month)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
Early Arrival & Late Pickup <i>from 7:30 AM to 6:00 PM (\$125 per month)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
Organic School lunch (<i>\$90 per month with pizza</i>)	<input type="checkbox"/> Y	<input type="checkbox"/> N

Pizza Friday's (\$20/month) []Y []N

OPTIONAL EXTRACURRICULAR ACTIVITIES:

Tap & Jazz Dance Class (\$60 a month Pay directly to them) []Y []N

Ballet with Ms. Susie (\$60 a month paid to MCA) []Y []N

Fun Art 4 Kids with Ms. Raquel (\$70 paid directly to her) []Y []N

PlayFit Kids (Pay directly to them) []Y []N

PERSONAL REFERENCES (Please list two)

Name: _____ Phone #: _____ Years known: _____

Name: _____ Phone #: _____ Years known: _____

How did you hear of Montessori Children's Academy? _____

OTHER PERSONS AUTHORIZED BY THE PARENTS OR GUARDIANS TO TAKE THE CHILD FROM THE SCHOOL

(Please list at least two)

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Special instructions regarding medical conditions, eating habits, toilet training, custody (please attach legal agreements) or other areas of concern. :

TUITION PAYMENT PLAN

Choose one Payment Plan (See Tuition Schedule)

[] Full year 5% discount

[] Semi Annual 3% discount

[] Yearly Tuition Broken into 10 Monthly Payments

[] Yearly Tuition Broken into 11 Monthly Payments

Note: All payments are automatically deducted through ProCare.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____