Office Use Only:
Deposit _____
Administrator's notes and signature:

_____

2017/8 ENROLLMENT CONTRACT

Student's name:_____ Birth Date:_____
Annual Tuition Rate:_____ Tuition amount owed:_____
IMSchools campus/location:_____

Please circle the preferred payment schedule:

Number of payments	% of Annual Tuition Due	Due Date
1	100%	9/1/2017
2	50%	9/1/2017, 1/2/2018
4	25%	9/1/2017, 11/1/2017, 1/2/2018, 3/1/2018
Monthly installments	10%	1st of Month of the start - through 6/2018

PROGRAM ENROLLMENT (Please see the Annual Tuition Rate Schedule for more information and state the exact name of the program)

STUDENT'S ARRIVAL TIME	STUDENT'S DEPARTURE TIME	LATE FEE	PER MIN-HR
		$10.00	**PER 5 MIN**

Persons designated by parent to whom Child may be released:

I, the Parent/Guardian:

- ☐ Received complete written program information at the time of enrollment (§ 3207.121, 3280.121, 3290.121)
- ☐ Agree to update the emergency contact/parental consent form information whenever changes occur or every six (6) months at a minimum (§ 3270.124, 3280.124, 3290.124)
- ☐ Agree that my child will only be released to those persons listed on the emergency contact form
- ☐ Agree that tuition is payable on the schedule selected above and that there are no refunds or credits in tuition for holidays, illness, family or school vacation days, delayed openings, or student withdrawal
- ☐ Agree to report illnesses to the school office
- ☐ Agree and understand that any cancellation or change to this contract requires a 30 day written notice by the 1st of the month prior to the program change, and that any cessation or decrease of tuition resulting from such contract change will only occur 30 days after notice is received regardless of when the actual program change occurs (see the next page for details)

_____ _____
School Representative Date Parent /Guardian Date

DATE OF STUDENT'S ADMISSION	PERIODIC REVIEW	
	_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE
	_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE
	_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE

Important Terms and Conditions:

This is to verify that I agree to abide by and support school policies of International Montessori Schools throughout the duration of my child/ren's enrollment at this institution and that I fully accept the following:

1. **I recognize that enrollment at IMSchools is the full academic year.** Each year, we staff our classrooms for the total number of children enrolled. And while the number of students attending may fluctuate slightly, our employment commitment to our staff members is unwavering. Therefore, upon enrollment, families commit to enrolling and paying for the entire school year.

2. **I am obligated to pay my contracted annual tuition installment payments on the 1st of the month.** As a courtesy to IMSchools families, the total annual tuition may be paid in 2, 4, or 10 installments. In addition, IMSchools often provides invoices as a convenience to families. However, scheduled installment payments are due at the beginning of the month, regardless of whether or not an invoice is received by the family.

3. **Upon enrollment, I agree to pay a tuition deposit equal to 5% of total annual tuition (September-June).** This tuition deposit is always applied to the final installment of the enrollment period. However, the value of that tuition deposit will be affected by any reduction in contracted program hours. In the event of WITHDRAWAL from the school prior to the end of the academic year, tuition deposits are non-refundable. Furthermore, I understand that any fees (application fees or material fees) are non-refundable upon withdrawal.
4. **Any INCREASE in my child's contracted program hours will be implemented as soon as possible.** Any INCREASE in student's program hours required by parents may necessitate the increase in number of staff members required for that program. Our goal, however, is to accommodate the needs of families as soon as possible.

5. **Any DECREASE in my child's contracted program hours requires a 30-day written notice, by the 1st of the month prior to the program change.** In the event that a student's program hours are DECREASED after his/her initial tuition deposit is paid, the value of the tuition deposit applied to the last payment installment will be reduced to correspond to the reduction in program.

6. **I understand that WITHDRAWAL from school requires a 30-day written notice, by the 1st of the month prior to the withdrawal**. Withdrawals from school **will not be accepted after March 1st of that academic year.** If a student is withdrawn from the school, the family who submits the withdrawal information on the 1st of the month is obligated to pay for the entire month, regardless of when the actual withdrawal occurs. No financial adjustments will be made for withdrawals made after March 1st. Even if a child does not use the school services after March 1st, the parent will be obligated to pay the balance of the annual tuition for the rest of the academic year. In case of a withdrawal no fees or deposits will be refunded.

Parent signature	*Date*
Parent signature	*Date*
Director signature	*Date*