



Tuition Contract

Name of Student _____ Age _____ DOB _____

Parent(s)/Guardian(s) _____, _____

Contact Number _____

Email address _____

Enrollment: Parent hereby enrolls student for the 2015-2016 school year commencing the week of September 8, 2015 in the International Montessori School program indicated under the terms of this contract.

Tuition Deposit: A non-refundable enrollment fee of \$250 must accompany this contract in order to reserve a place for your child. Please check the program that applies to your student.

Preschool:

_____ Full-time School & Daycare Tuition: \$920 monthly 7:00a.m. – 6:00p.m.

_____ Full-time School Only Tuition: \$845 monthly 8:30a.m. – 2:30p.m.

_____ Part-time School Only Monday-Friday 8:30a.m. – 12:30p.m. or 12:30p.m. – 4:30p.m.

Tuition: \$765 monthly

Tuition is based on a 10 month contract (September 1st – June 30th). Please Initial _____

Note: July and August enrollment is on a separate form.

Elementary/ Adolescent Program:

_____ Full-time School & Daycare. September 8th, 2015 – June 12th, 2016, Tuition: \$930 monthly.

Tuition is based on 10 monthly tuition payments of \$930 each. Please Initial _____

Discount: A \$50 discount will be applied for a second child and any additional children enrolled.



International Montessori Schools

Late Payment: Monthly payments are due the 1st of every month. A late-payment fee of \$50 will be added to all payments received after the 5th of every month in which it is due. A return check fee of \$30 will be added to all payments returned by the bank unpaid.

After Hours Charge: Parent agrees to pay a charge of \$10.00 for every five minutes that the student is left at the school past the contracted program hours.

Failure by the parent to pay any scheduled payment on time shall be deemed a breach of this contract and will result in disenrollment of the student.

To be valid this contract requires: 1) a validated 2015-2016 Enrollment or Re-enrollment Contract; 2) appropriate payment; 3) signature of a responsible party; 4) signature of a school administrator.

We the undersigned Responsible Party or Parties, understand our obligation to pay the charges for the 2015-2016 school program is unconditional and is not based on the student's actual attendance at IMS. Furthermore, we agree that in the event of non-payment of any moneys provided for by this contract, the above-named student will not be allowed to continue with the 2015-2016 school program. We agree to be responsible for all fees and reasonable costs for any outstanding amounts due under this contract.

I have read the terms of this contract. _____ (initials)

Responsible Party:

Responsible Party:

Signature/Date

Signature/Date

Please print name and relationship to student

Please print name and relationship to student

Accepted By: _____
IMS Administrator/ date

School use only:
Amt. Rec'd _____ Check # _____
Date Rec'd _____ En. Form _____
Checked By _____