

Issaquah Montessori School

Parent-School Contract

Today's Date: _____

Name of Child: _____ **Birth date:** _____
Name of Parents: _____
Address of Parents: _____
Phone Number: _____ **Start-up date:** _____
Email Address: _____

Enrollment Procedures

1. I have visited Issaquah Montessori Preschool and Extended Day Program and met with the Directress or teacher. I am satisfied that this program meets our present needs.
2. I have read the policy pages regarding Montessori theory, clothing, food, registration, billing procedures and have discussed concerns, if any, with the Directress and/or teachers.
3. I have completed an immunization form, health and emergency form, application form and student evaluation form.

Tuition Agreement

1. I agree to pay Issaquah Montessori a non-refundable materials fee, as well as a non-refundable tuition deposit equal to one month's tuition, which is deducted from monthly tuition in 10 equal installments, upon enrollment.
2. I know that my tuition payment is due on or before the 25th of each month for the following month.
3. If tuition is not received by the 5th of the month, a \$25 late fee will be charged. Beginning on the 6th of the month, an additional \$5 per day is due until tuition is paid in full.
4. I will receive a 5% discount for a payment of a half -year's tuition received by August 25th and/or January 25th.
5. I will receive a 5% tuition discount for the sibling of a currently enrolled student.
6. I acknowledge Issaquah Montessori School is a ten-month program and tuition is due in full each month regardless of illness, snow closures, or vacations. I am committed for the entire ten-month program.

Vacations

1. I understand that there may be school closures when the weather or power outage conditions make access impossible or dangerous.
2. I support certain closures during the year. These times are: First weeklong Winter break including New Year's Day, second weeklong winter break, one weeklong spring break, Martin Luther King, Jr. Day, Memorial Day, 4th of July, week prior to Labor Day, Veteran's Day, Thanksgiving Day including Friday.
3. I support certain closures for staff preparation, parent conferences, and teacher in-services.

Notice of Termination

I agree to give thirty (30) days notice if I plan to withdraw my child, and I understand that I am legally obligated to pay the full month's tuition. It is my responsibility to inform the school directress in writing, or my child is considered enrolled, with tuition due in full, for the remaining school year.

Parents/Guardians

Signature: _____ **Date:** _____

Directress Signature: _____ **Date:** _____

Class Choice: (Please circle classroom preference)

The Nest · The Cottage · The Loft · Sprouts

Half Day Options: (Please circle)

A.M. 3 hr. Monday – Friday

P.M. 3 hr. Monday – Thursday

Extended Day Options:
(Please check one)

4 Extended Days
 Monday

3 Extended Days *
 Tuesday

2 Extended Days*
 Wednesday

1 Extended Day*
 Thursday

*For 1 to 3 extended days, please indicate your preferred days of attendance; we will accommodate on a first-come, first-served basis.

Summer School: (Please circle)

Session One
9 am to 12 pm
July – 4 weeks

Session Two
9 am to 12 pm
August – 4 weeks

OFFICE USE ONLY

Tuition Deposit	\$ _____
Fall Materials Fee	\$ _____
Summer Materials Fee	\$ _____
Half Year Payment Discount	\$ _____
Sibling Discount	\$ _____
Total Payment Due	\$ _____
Balance Due	\$ _____