

# Parent Contract 2017-18

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I hereby apply for admission for my child, named below, to Lighthouse Montessori School for the school year of 2017-18. I agree to pay the school tuition for the year in the amount named below, according to the payment plan specified below.

**Child Name \***

## Tuition

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**Program \***

Select One

- ☐ Extended Day (\$1155/mo)
- ☐ Dawn-to-Dusk (\$1350/mo)

**Contract Length \***

Select One

- ☐ 10 Months (9/1/17-6/30/18)
- ☐ 12 Months (9/1/17-8/31/18)

**Discounts**

Select All That Apply

- ☐ Kindergarten Year Discount (-\$100/mo): Choose this if your child would be starting Kindergarten this year.
- ☐ Kindergarten Year Deposit (-\$\_\_\_\_/mo): Total you have given us as a kindergarten deposit / length of contract (10 or 12 months).
- ☐ Sibling Discount (-15%): Choose this if your child has a sibling attending (only 2nd + 3rd children).

**Payment Plan \***

Depends on Contract Length

- ☐ 10/12 Post Dated Checks

**Total Monthly Tuition \***

Enter the amount of the selected program minus applicable discounts.

**Yearly Tuition \***

Enter the total amount for the school year.

**Registration Deposit \***

Per student and non-refundable, the registration deposit is applied to tuition of kindergarten year.

- ☐ New Family, due with Application (\$500)
- ☐ Returning Family, due March 15th (\$500)

## Tuition Obligation Schedule

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If the student is withdrawn from the school for any reason, my obligation will be calculated in accordance with the schedule below which sets out that obligation as a percentage of the total tuition due for the year. Charges will be assessed, or refunds calculated, based on this schedule. A one month written notice sent to the head of school is required before withdrawing your child.

Month Withdrawn	Obligation	Month Withdrawn	Obligation
May – July 2017	10%	November 2017	50%
August 2017	20%	December 2017	60%
September 2017	30%	January 2018	70%
October 2017	40%	February – August 2018	100%

## Fees

\$25.00 late fee will be charged daily for any child picked up after their scheduled departure time.

\$25.00 fee will be charged for any returned check.

## Permission and Consent

### Photo Release \*

Lighthouse Montessori School may use photos of my child in school promotions, advertising or the school's website.

☐ Yes ☐ No

### Consent To Medical Treatment And Care Of Minor Children \*

☐ I hereby give permission that my child, named above, may be given emergency treatment to include first aid and CPR by a qualified staff member at Lighthouse Montessori School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

### Permission For Field Trips \*

I give my child permission to go on any field trips or excursions planned by Lighthouse Montessori School and to use transportation provided by the school.

☐ Yes ☐ No

### Multi Year Commitment \*

The Lighthouse Montessori Primary program is a 3-4 year curriculum, and we ask you to commit to staying for the whole cycle. To support our parent community in this decision, we offer a \$100 / month discount during the kindergarten year. You may withdraw from this program for unforeseen reasons including, but not limited to, financial hardship, loss of employment, moving, program not suiting family. If financial hardship does occur, speak with the administration, as tuition support may be available.

☐ I understand that the Lighthouse Montessori Primary program is a 3-4 year curriculum, and includes the kindergarten year. I commit to keeping my child in the program until the end of his/her kindergarten year.

### Annual Giving Intentions \*

Lighthouse Montessori School depends on annual giving to keep tuition low and maintain its high standards for your child. We expect every family to help through tax deductible direct donations. Our goal for the year averages out to \$1000 per household. My intentions for annual giving are as follows:

### I Intend To Complete My Annual Giving By

this date or these two dates (may add note)

05/2018

### Please Contact Me About My Contribution One Month Before Date Above

by email ▴ ▾

**Parent Education Nights \***

- ☐ I agree that I will attend a minimum of five parent education nights a year; gaining information on my child's development and on the Montessori philosophy.

**Indemnification \***

- ☐ In consideration of acceptance of my child as a student at Lighthouse Montessori School, I agree to indemnify Lighthouse Montessori School - its directors and employees - against any claims/demands made by or on behalf of my child.

**Acknowledgment Of Parent Handbook \***

By checking this box and signing this form electronically I agree to the terms and conditions stated in the Parent Handbook for Lighthouse Montessori School.

- ☐ I agree.

**Parent Name \***

First

Last

**Parent Signature \***

**CLICK TO SIGN**

**Director Signature**

**CLICK TO SIGN**