



# The Montessori School of Washington

## Enrollment Form

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

In consideration of the acceptance of this enrollment by The Montessori School of Washington, the undersigned agrees to pay the annual tuition charges and fees of the above-named child.

**ANNUAL TUITION CHARGES:** \_\_\_\_\_ **ACADEMIC YEAR:** \_\_\_\_\_

I understand that all tuition payments are due on or before August 15<sup>th</sup>. I understand that my obligation to pay the charges for the full academic year is unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled notwithstanding the subsequent absence, withdrawal, or dismissal from the School of the above named child. No refunds will apply when the school is closed due to snow, inclement weather, or building failures (heating, water, electricity). A late fee of \$100 per month will be added to tuition payments received after the required date.

I understand that in signing this agreement I accept the terms stated herein as the rules and regulations of The Montessori School of Washington. I also agree that grades and transcripts will not be released unless the account has been paid in full.

I understand that MSOW reserves the right (following consultation with one or both parents of the child in question) to dismiss any child whose behavior is determined to be dangerously impulsive, aggressive, or such that it compromises the safety of said child or his/her classmates or teachers.

I agree that my child may participate in all school activities, including Creative Movement, Foreign Language Lessons, Music, and school-sponsored trips away from the campus unless the school receives written notice to the contrary.

I understand that MSOW enjoys having photos of MSOW children in their materials and classroom displays, as well as on the website. I understand that children will not be identified by name outside of classroom materials. If I DO NOT wish my child's picture to be used for such purposes, I have indicated that below.

Special Considerations: \_\_\_\_\_

**REFUNDS/WITHDRAWALS:** We understand that as the parent(s) or guardian(s), we are financially responsible for paying the tuition fee for the full academic year.

**CONTRACT DEFAULT:** If, after a reasonable amount of time, we fail to honor the terms and conditions of this contract, we understand that the school reserves the right, with notice, to dismiss our child, but financial responsibility remains on the parent(s) or guardian(s). Every reasonable effort will be made by The Montessori School of Washington to accommodate the parent(s) or guardian(s). Any cost incurred as a result of The Montessori School of Washington's effort to collect monies owed under this contract, including but not limited to collection agency fees, attorney's fees, and court costs, will be added to the Agreement balance.

We agree to comply with all the above items. Signatures of both parents or guardians are requested whenever possible.

Signature \_\_\_\_\_

Date\_\_\_\_\_

Signature \_\_\_\_\_

Date\_\_\_\_\_