

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 th . 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 abovenamed 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 \$50 will be added to tuition payments received after the required date.	
I understand that in signing this agreement I accept the terms stated hontessori School of Washington. I also agree that grades and transcept the paid in full.	_
I understand that MSOW reserves the right (following consultation wi dismiss any child whose behavior is determined to be dangerously imposed safety of said child or his/her classmates or teachers.	·
I agree that my child may participate in all school activities, including 0 Music, and school-sponsored trips away from the campus unless the s	
I understand that MSOW enjoys having photos of MSOW children in the website. I understand that children will not be identified by name my child's picture to be used for such purposes, I have indicated that	outside of classroom materials. If I DO NOT wish
Special Considerations:	
Parents' Signatures and Dates:	