

2017-2018 Enrollment Contract

Child's Name _____ DOB _____ Age _____

<u>Program</u>	<u>Hours</u>	<u>10 mo./Annual Tuition</u>	<u>12 mo./Annual Tuition</u>
Early Learners (18mo. - 3 yrs)		August 1 st – May 1 st	June 1 st – May 1 st <i>(Includes Summer Camp)</i>
5 Day Program			
Morning Program	8:30 – 12:00	()\$515 / \$5,150	()\$500 / \$6,000
With Afternoon Rest	8:30 – 3:00	()\$660 / \$6,600	()\$645 / \$7,740
With After Care	8:30 – 4:00	()\$710 / \$7,100	()\$695 / \$8,340
With Extended After Care	8:30 – 5:30	()\$760 / \$7,600	()\$735 / \$8,820
3 Day Program (18mo – 2yrs M/W/F only)			
Morning Program	8:30 – 12:00	()\$365 / \$3,650	()\$355 / \$4,260
With Afternoon Rest	8:30 – 3:00	()\$445 / \$4,450	()\$430 / \$5,160
With After Care	8:30 – 4:00	()\$480 / \$4,800	()\$465 / \$5,580
With Extended After Care	8:30 – 5:30	()\$515 / \$5,150	()\$495 / \$5,940
2 Day Program (18mo – 2yrs T/Th only)			
Morning Program	8:30 – 12:00	()\$270 / \$2,700	()\$260 / \$3,120
With Afternoon Rest	8:30 – 3:00	()\$340 / \$3,400	()\$325 / \$3,900
With After Care	8:30 – 4:00	()\$360 / \$3,600	()\$345 / \$4,140
With After Care	8:30 – 5:30	()\$390 / \$3,900	()\$375 / \$4,500
Before Care Program	7:30 – 8:30	()\$50 / \$500	()\$50 / \$600
5% Sibling Discount		\$ _____	\$ _____
Total Monthly Tuition Payment		\$ _____	\$ _____
Returning Student Registration Fee		()\$250 add \$50 after 2/25	()\$300 add \$50 after 2/25
New Student Registration Fee		()\$300	()\$350

Tuition Payment

Tuition is based on an academic year. The absence of a student does not materially decrease the expenses of the school. Parents are responsible for payments in full for the academic year. Tuition is paid for missed days. Tuition and fees are nonrefundable for any reason. The tuition is preset to deduct holidays and the allotted snow days from your tuition payments; therefore, tuition is still due and payable. Tuition payments are nonrefundable.

Please indicate which payment plan you prefer. (This must correspond with the payment indicated on the front side).

() **Plan A: Twelve (12) month** - A 5% discount is given for tuition paid in full. One lump sum payment in the amount based upon the twelve (12) month academic year. Payment is due on or before **June 1st**.

This Plan includes attendance of all summer camps sessions.

() **Plan B: Twelve (12) consecutive equal monthly payments** each payable on the **1st day of the month**. All tuition is due prior to attendance. The first tuition payment is due on or before **June 1st**, and ending on **May 1st**. *This Plan includes attendance of all summer camps sessions.*

() **Plan C: Ten (10) month** - A 5% discount is given for tuition paid in full. One lump sum payment in the amount based upon the ten (10) month academic year. Payment is due on or before **August 1st**.

() **Plan D: Ten (10) consecutive equal monthly payments** each payable on the **1st day of the month**. All tuition is due prior to attendance. The first tuition payment is due on or before **August 1st**, and ending on **May 1st**.

Sibling Discounts: A (5%) tuition discount will be granted for each additional child from the immediate family attending simultaneously.

I/we, the undersigned, enter into the above contract with BRMS at the above noted tuition for the 2017/2018 academic year. I/we understand that it is my/our obligation to pay said registration fee in order to enroll my/our child(ren) for the 2017/2018 school year. I/we understand it is my/our obligation to pay said tuition and that no portion of our registration or tuition will be refunded in the event of absence or withdrawal. I/we understand that tuition payments are due the first day of the month beginning in accordance with my preferred payment plan. A late fee of \$15.00 will be applied for non-payment on the 15th day of the month. I understand that if my account is turned over to collections and/or an attorney, I am financially responsible for all collections, court costs, and/or attorney's fees incurred by Blue Ridge Montessori School in attempting to collect on my account.

Person Responsible for Payment _____ **Relationship to Student** _____

Signature _____ **Date** _____ **Email** _____

Address _____ **City** _____ **Phone** _____

Office Use Only

Registration Fee: _____ Amount Paid: _____ Date Received: _____ Received By: _____