



MONTESSORI CASA
INTERNATIONAL

**Enrollment Contract
Primary 2016-2017**

Child's Name: _____ Birth Date: _____

Parent or guardian responsible for payment

Parent/guardian: _____ Relationship: _____

Employer: _____ Work #: _____

Email: _____ Cell #: _____

Home address: _____

Driver's License #: _____ State _____ SS #: _____

Primary Program

<input type="checkbox"/> Full day (8am – 4pm)	<input type="checkbox"/> Half day: Mornings	<input type="checkbox"/> Extended Day
Tuition: \$_____/month	Tuition: \$_____/month	<input type="checkbox"/> Before Care \$_____ <input type="checkbox"/> After Care \$_____

I agree to pay tuition in the amount of \$_____ annually monthly

I understand that if I secure enrollment with a deposit and later decide not to attend MCI the deposit of one month's tuition is non refundable.

Parent/guardian signature _____ Date _____



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Payment Policies

- ✚ There is a registration fee of \$100 per child.
- ✚ There is a new child enrollment fee of \$200 per child.
- ✚ There is a re-enrollment fee of \$100 per child.
- ✚ Tuition is based on the cost of 9 months of school and divided into 10 monthly payments.
- ✚ **A deposit of one month's tuition is required. This is applied to tuition for May of your child's last year at MCI. Refundable mid-year only if the family provides MCI (30) thirty days notice and MCI is able to fill the child's spot within that time.**
- ✚ Before care is offered from 7am – 8am at the cost of \$100/month.
- ✚ After care is offered from 4pm – 5pm at the cost of \$100/month and a minimum of 6 students is required.
- ✚ The application, enrollment and tuition payments are non-refundable.
- ✚ No reduction in tuition can be allowed for absences during the school year.
- ✚ Payment is due by 6pm on the 1st of the month.
- ✚ Late payment fee -- \$25.00 after the 2nd and through the 10th, \$50.00 after the 10th and through the 15th.
- ✚ If payment is not paid by the 15th of the month and arrangements are not made, services will be terminated and the outstanding balance will be given to a collection agency.
- ✚ There is a charge of \$30.00 for returned checks.

Emergency /Drop – in fees

Arrangements can be made with the school for emergency/drop-in care. These will be billed to you at a cost of \$15/per hour.

Parent/guardian signature _____ Date _____