


Montessori Academy of Cincinnati



8293 Duke Boulevard • Mason, Ohio 45040 • 513-398-7773

Sample

Transitional Preschool Enrollment Contract (Newly Enrolled Student)

Child's Full Name

2018/2019 Academic Year

I request that my child be enrolled in the following program for the above-stated academic year (please mark your choice):

Ten payments of:

- | | |
|---|---|
| <input type="checkbox"/> 7 am – 6:30 pm \$ 1,270.00 | <input type="checkbox"/> 8 am – 6:30 pm \$ 1,185.00 |
| <input type="checkbox"/> 7 am – 3:30 pm \$ 975.00 | <input type="checkbox"/> 8 am – 3:30 pm \$ 875.00 |

By signing this Enrollment Contract, I request that Montessori Academy of Cincinnati, (the "School") reserve a place for my child in the program noted above for the 2018/2019 academic year. Upon acceptance of the Enrollment Contract by the School, I understand that my obligation to pay the full, non-refundable tuition and fees of the above student for the program noted above for the entire academic year is unconditional and that no portion of the tuition and fees paid or outstanding will be refunded or canceled in the event of absence, illness, failure to attend, withdrawal from the School, or for any other reason.

If you should need a change in the above usage for which you contracted, please consult with the Early Childhood Director to determine if the School can accommodate your needs.

Tuition and Fees: I understand that I am responsible for payment of the tuition for the entire academic year and for other related fees that will be billed to me, including, but not limited to, consumables, lunches, and other applicable fees.

I understand that before acceptance by the School, I must submit the completed Application together with a non-refundable Application Fee in the amount of \$50.00. Within one calendar week of contact by the School regarding my child's acceptance, I will submit this completed Enrollment Contract together with the first tuition payment to secure my child's place in the School. This Deposit will be applied by the School toward the cost of tuition. Failure to meet this deadline could result in my forfeiting the space. Payment of the balance of the tuition is payable as follows:

Nine monthly payments in the amount indicated above are due the first calendar day of each month (August through April). A \$30.00 Late Fee will be assessed for any tuition payments received after the 4th of the month.

I understand that failure to make the first non-refundable tuition payment or any subsequent non-refundable tuition payment by the date upon which it is due shall, at the sole discretion of the School, cause the balance of the tuition remaining for the academic year to become immediately due and payable in full.

Polices: I understand that the School must comply with Regulations set forth by the State of Ohio, Department of Education. I understand that I must fully comply by completing all required forms with respect to these Laws and that the School reserves the right to exclude my child from its Programs if I do not do so. Such exclusion does not negate my financial obligations under this Enrollment Contract.

Withdrawal: As stated above, I understand that withdrawal of my child before the end of the school year does not relieve me of the obligation to pay tuition for the entire academic year. However, I understand that should my child need to withdraw, assuming the procedures stated in the School Handbook are followed, the School will use its best efforts to mitigate my obligation to pay tuition for the entire academic year by enrolling a new student to fill the vacancy created by my child's withdrawal, but only after the start of the academic year or enrollment capacity is reached in the program I have noted above, whichever occurs first. After the start of the academic year, replacements will be made regardless of total classroom enrollment. A child will be replaced in the order of parents' notification to the School and will be predicated upon availability of space, based on age of child and program availability.

I acknowledge that the School shall have the right to pursue legal action to collect unpaid tuition and fees related to my child's enrollment in the School, and that I will be responsible for any and all costs incurred in pursuit thereof, including court expenses and reasonable attorney's fees.

Waiver: I understand that the School reserves the right to waive certain obligations set forth in this Enrollment Contract if it determines that my child should not continue as a student for any reason. The decision of the School at any time to not require performance of any provision or to resort to any remedy provided under this Enrollment Contract shall in no way affect the right of the School to require performance or to resort to a remedy at any time thereafter. Provided further, I acknowledge that I am responsible for the financial obligations set forth above, even in the event of such a waiver.

Agreement: The persons signing below agree to all the terms and financial obligations set forth in this Enrollment Contract and the accompanying Transitional Preschool Application.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

ACCEPTED BY THE SCHOOL:

Head of School

Date

Montessori Academy of Cincinnati recruits and admits students of any race, color, ethnic origin, national origin, or religion to all its rights, privileges, programs and activities. In addition the School will not discriminate on the basis of race, color, ethnic origin, national origin, or religion in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

REV: 02.09.16; GHR: 6145125.3