

Student Name: _____ Date: _____

Program: _____ Start Date: _____



THE
MONTESSORI SCHOOL
OF CHEVY CHASE

ENROLLMENT CONTRACT

2017 - 2018 School Year

MSCC is a 12 month school

**Please Read All Terms and Conditions of Enrollment
Prior to Initialing and Signing this Agreement.**



Enrollment Contract

MSCC is a 12 month school.

Student Information

Name _____ Nickname _____ Male ___ Female ___

Date of Birth _____ Age _____ Starting Age _____

Address _____

City _____ State _____ Zip _____

Parent Name _____

Cell Phone _____ Work Phone _____

Home Phone _____

Email _____ Occupation _____

IN CASE WE NEED TO CONTACT YOU, WHICH PHONE NUMBER SHOULD WE CALL FIRST?

Best Phone Number _____

Parent Name _____

Cell Phone _____ Work Phone _____

Home Phone _____

Email _____ Occupation _____

IN CASE WE NEED TO CONTACT YOU, WHICH PHONE NUMBER SHOULD WE CALL FIRST?

Best Phone Number _____

Requirements for Starting School:

We must have received all school forms, up to date health forms signed and dated by your physician, and current immunizations prior to your child's first day of school.

The MSCC admits students of any race, religion, creed, color and national or ethnic origin. The MSCC considers the records of all students to be confidential information available to a child's parents or guardians upon written request only. Requests will only be released to other schools or agencies upon the signed request from the parent or guardian, and only after all accounts due are paid in full.

Child's Name: _____

PROGRAM CHOICE

(Check Program That You Are Applying For)

TODDLER – 18 months to 3 years

___ Half Day (8:45am – 1:00pm) Annual: \$21,877 Monthly Deduction: \$1,823
___ School Day (8:45am – 3:30pm) Annual: \$26,842 Monthly Deduction: \$2,237
___ Full Day (8:45am – 6:00pm) Annual: \$31,415 Monthly Deduction: \$2,618
___ Early Arrival (8:00am – 8:45am) Monthly Fee: \$170

PRIMARY INCLUDING KINDERGARTEN – 3 to 6 years

___ School Day (8:45am – 3:30pm) Annual: \$21,130 Monthly Deduction: \$1,761
___ Full Day (8:45am – 6:00pm) Annual: \$26,105 Monthly Deduction: \$2,175
___ Early Arrival (8:00am – 8:45am) Monthly Fee: \$170

FRENCH IMMERSION INCLUDING KINDERGARTEN – 3 to 6 years

___ School Day (8:45am – 3:30pm) Annual: \$21,130 Monthly Deduction: \$1,761
___ Full Day (8:45am – 6:00pm) Annual: \$26,105 Monthly Deduction: \$2,175
___ Early Arrival (8:00am – 8:45am) Monthly Fee: \$170

ADDITIONAL CHARGES

Add on hours are available to help you cover **unplanned** needs on an occasional basis (i.e. late meeting, nanny sick etc..) If your family needs regular care during before or after care hours, you must sign up for the appropriate program or you will be charged at the unscheduled rate.

- EARLY CARE DROP IN: Rate is a flat fee of \$14.00.
- OCCASIONAL AFTER CARE DROP IN: Prearranged drop in is a flat rate of \$15.00 per hour.
- UNSCHEDULED NOTIFICATION AFTER 12:30 or 3:00 PM: \$2.00 per minute.
- LATE PICK UP AFTER 6:00: \$3.00 per minute.

Parent Signature _____

_____ Date

Parent Signature _____

_____ Date

OFFICE USE:

Application Fee: _____

Enrollment Fee: _____

Tuition Total: _____

Date: _____

TERMS AND CONDITIONS OF ENROLLMENT

Financial Obligations

1. _____ (initial) Application and enrollment fees are non-refundable and non-deductible. All fees plus a signed Enrollment Contract must be submitted in order to reserve your child's place at MSCC. This contract is valid from the date received and accepted by MSCC.
2. _____ (initial) Should the school be closed for any reason on a specified day of the week that a child is scheduled to attend, no make-up or additional day of attendance will be given. Should a child be absent on a specified day of the week that he is scheduled to attend, no make-up or additional day of attendance will be given.
3. _____ (initial) Drop in After Care is a flat rate of **\$15 per hour**. All additional time of attendance must be cleared with the administration to make sure that there is availability. Additional charges will be billed monthly and payment is due within 15 days. There is a late fee of \$25. Drop in care is to cover emergencies and contingencies called in before 12:30 or 3:00.
4. _____ (initial) Drop in Before Care (8:00 am – 8:45am) is billed at a flat fee of \$14.
5. _____ (initial) If your child is not picked up on time, without making prior arrangements, you will be charged an overtime rate. Parents arriving after 1:00PM or 3:30PM will be charged \$2 per minute based on the office computer clock. Parents arriving after 6:00PM will be charged \$3 per minute based on the office computer clock. Additional charges will be billed monthly and payment is due within 15 days.
6. _____ (initial) I hereby promise to meet the tuition rate schedule on the dates due. Failure to comply with payment on correct dates will result in late fees and other applicable fees. No transfer of records or student forms will be granted or filled out until financial obligations to the school have been met.
7. _____ (initial) There is a 5% sibling discount, which is applied to the lesser of the tuitions.

Tuition Policy: MSCC's annual tuition takes into consideration all school breaks and holidays. It is a yearly cost that we can break down into monthly payments for our parent's convenience. It is not altered by school closures throughout the year. Therefore, all months cost the same. It is not a monthly fee as with a daycare.

1. _____ (initial) Tuition is for the entire year, as outlined in the current school calendar from August 28, 2017-August 10, 2018
2. _____ (initial) Under no circumstances will a reduction or credit be granted for a voluntary withdrawal or absence of any kind including vacation, illness, professional days, inclement weather, holidays, or any other reason.
3. _____ (initial) All payments are expected promptly when due through FACTS Tuition Company.
4. _____ (initial) Tuition is paid via your checking account or credit card through FACTS.
5. _____ (initial) Families are responsible for all late fees and service charges. Late payments will result in additional fees assessed via FACTS and a fee of \$50.00 will be charged if a submitted check is returned for any reason.
6. _____ (initial) Should an account reach 90 days in arrears the child may no longer attend school until the account is current.
7. _____ (initial) All tuition must be paid in the agreed upon payment plan schedule.
8. _____ (initial) Failure to abide by the payment policy is a breach in the tuition agreement.
9. _____ (initial) In addition, parents will be responsible for all costs of collection, including court expenses and attorney's fees, should legal action be required to enforce the agreement.

Other Information

1. _____ (initial) Class placements of children are solely at the discretion of the school and are based upon appropriate developmental level. However, you may request a specific class and it will be taken into consideration. Placement of a child is subject to change at any time at the discretion of the school when it is deemed an appropriate change for the sake of the child and school.
2. _____ (initial) The MSCC reserves the right to deny, cancel, sever or suspend a child's enrollment if deemed in the best interest of the child or the school. The school will follow the discipline policy as outlined in the MSCC Parent Handbook.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Child's Name: _____

Emergency and Health Information

EMERGENCY CONTACT INFORMATION

In the event parents/guardians cannot be reached list three local emergency contacts in order of preference.

1. Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
2. Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
3. Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
-

MEDICAL AND ALLERGY INFORMATION

Known allergies: _____

Other medical conditions: _____

Dietary Restrictions: _____

SUNSCREEN

_____ (initial) I give MSCC permission to apply sunscreen to my child as needed.

INSECT REPELLENT

_____ (initial) I give MSCC permission to apply insect repellent to my child as needed.

ointment/cream/diaper rash cream/lotions

_____ (initial) I give the MSCC permission to apply Vaseline, diaper rash cream, or non medicated lotions as needed.

_____ (initial) MSCC cannot accept or administer **any** prescription or non prescription medication or ointments such as Neosporin without a fully completed authorization form signed by the parent **and** physician.

AUTHORIZATION TO SEEK MEDICAL ATTENTION

I hereby authorize MSCC to seek medical attention for my child in the event of an emergency. I, as parent/guardian, also authorize MSCC to transport my child via ambulance to the appropriate medical facility in the event that urgent/emergency care is necessary. The hospital and its medical staff have my authorization to provide any treatment which a physician deems necessary for the well being of my child.

Parent Signature

Date

PARENT AUTHORIZATION AND DECLARATION

I understand that minor accidents or injuries will be treated at the school and that I will be notified of any such treatment. I also understand that specific medical information may be shared with school staff as deemed necessary.

This emergency information and health history are correct to the best of my knowledge, and the student herein described has permission to engage in all activities, except as noted on this form, or on the DC Health Form:

Parent Signature

Date

Child's Name: _____

ADDITIONAL SCHOOL INFORMATION

SCHOOL DIRECTORY

My child's name, address, phone number, birthday and parent emails may be included in the MSCC Directory. I will not share any directory information outside our school community or use the information for solicitations.

_____ (initial) ___ Yes ___ No

PHOTOGRAPHS – PLEASE INITIAL ALL THAT YOU PERMIT:

Individual and class photographs may be taken of my child:

___ at school ___ student portfolios ___ articles/information distributed to MSCC families ___ school emails ___ school website.

MEDIA RELEASE:

I grant permission for my child to be photographed or featured in any video, television, audio recording, website, print material, or broadcast in association with The MSCC that will be made available to the public.

_____ (initial) ___ Yes ___ No

COMPLIANCE POLICY

_____ (initial) I will pick up my child as soon as possible in the event that MSCC calls to inform me that my child is ill. This is in compliance with DC Childcare Regulations.

_____ (initial) I further agree that in the event that any person in our household contracts a communicable disease, even if they do not attend MSCC, I will inform MSCC immediately.

RELEASE AUTHORIZATION

Children can only be released to people authorized on this list.

_____ (initial) Persons authorized to pick up my child _____

_____ (initial) Persons **NOT** authorized to pick up my child _____
Appropriate legal paperwork is required if a parent is listed.

_____ (initial) I understand that I must inform MSCC in **WRITING** of any changes, including additional persons or persons deleted. In the event of an emergency, I will contact MSCC to give the name and my permission for another person to pick up my child.

EARLY STAGES SCREENING AUTHORIZATION

_____ (initial) I give permission for my child to be screened through the Early Stages screening process.

I/We understand that by signing below we agree to abide by the policies and procedures contained in this Enrollment Agreement, as they are written and amended periodically.

Parent Signature _____ Date _____

Parent Signature _____ Date _____