

Student Name _____ Date _____

Program _____ Start Date _____

Class _____



THE
MONTESSORI SCHOOL
OF CHEVY CHASE

ENROLLMENT CONTRACT

2019 - 2020 School Year

August 26, 2019 - August 14, 2020

5312 Connecticut Ave., NW
Washington, DC 20015
202-362-6212
info@chevychasemontessori.com



ENROLLMENT CONTRACT

School Year August 26, 2019 - August 14, 2020

Please Read All Terms & Conditions Of This Contract Prior To Initialing & Signing It.

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 _____

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 # _____

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 if tuition accounts are up to date.

MSCC is a for profit, independent school with no religious affiliation, admitting applicants of any race, color, religion, sexual orientation or national or ethnic origin to all the rights, privileges, programs generally accorded or made available to students at the school. The MSCC does not discriminate on the basis of race, color, religion, sexual

orientation or national and ethnic origin in administration of its educational policies, admissions policies and other school-related programs.

Child's Name _____

2019-2020 TUITION

The school year is from August 26, 2019 to August 14, 2020. These 12 months are divided into 10 equal payments.

Please check your program choice below

TODDLER CLASS (18 months to 2.6 years)

<input type="checkbox"/> Half Day (8:45am – 1:00pm)	12 Month Annual Tuition \$23,060	Divided Into 10 payments of \$2,306
<input type="checkbox"/> School Day (8:45am – 3:30pm)	12 Month Annual Tuition \$28,280	Divided Into 10 payments of \$2,828
<input type="checkbox"/> Full Day (8:45am – 6:00pm)	12 Month Annual Tuition \$33,100	Divided Into 10 payments of \$3,310
<input type="checkbox"/> Early Arrival (8:00am – 8:45am)	Additional \$210 per month	

ENGLISH PRIMARY CLASS (2.6 to Kindergarten)

<input type="checkbox"/> School Day (8.45am – 3.30pm)	12 Month Annual Tuition \$22,270	Divided Into 10 payments of \$2,227
<input type="checkbox"/> Full Day (8.45am – 6.00pm)	12 Month Annual Tuition \$27,500	Divided Into 10 payments of \$2,750
<input type="checkbox"/> Early Arrival (8.00am – 8.45am)	Additional \$210 per month	

FRENCH IMMERSION PRIMARY CLASS (2.6 to Kindergarten)

<input type="checkbox"/> School Day (8:45am – 3:30pm)	12 Month Annual Tuition \$22,270	Divided Into 10 payments of \$2,227
<input type="checkbox"/> Full Day (8:45am – 6:00pm)	12 Month Annual Tuition \$27,500	Divided Into 10 payments of \$2,750
<input type="checkbox"/> Early Arrival (8:00am – 8:45am)	Additional \$210 per month	

ADDITIONAL CHARGES

Add on hours are available to help you cover unplanned needs on an occasional basis. However, if your family needs regular before care or after care, you must sign up for the appropriate program or you will be charged at the unscheduled rate below.

- EARLY CARE DROP IN **Rate is a flat fee of \$14.00**
- AFTER CARE DROP IN **Rate of \$15.00 flat fee per hour or any part of that hour**
- LATE PICK UP AT DISMISSAL - 1:00/3:30/6:00 **\$3.00 per minute**

Parent Signature _____ Date _____

Parent Signature _____ Date _____

FOR OFFICE USE:

Date Enrollment Contract & \$500 Fee Received _____ Check #/Cash _____ Received By _____

Notes:

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.
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 Before Care (8:00am – 8:45am) is billed at a flat fee of \$14.00. Drop in After Care is a flat rate of \$15.00 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 payment fee of \$25.
4. _____ (initial) Late pick up will be billed at the rate of \$3.00 per minute.
5. _____ (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.
6. _____ (initial) There is a 5% sibling discount, which is applied to the lesser of the tuitions.

Tuition Policy

1. _____ (initial) Tuition is for the entire School Year.
2. _____ (initial) No reductions or credit will be granted for a voluntary withdrawal or absence of any kind; including vacation, illness, professional days, inclement weather, holidays, moving, or any other reason.
3. _____ (initial) All payments are expected promptly when due through FACTS Tuition Company.
4. _____ (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 will be charged if a check is returned for any reason.
5. _____ (initial) Should an account reach 90 days PAST DUE the child may no longer attend school until the account is up to date.
6. _____ (initial) All tuition must be paid in the agreed upon payment plan schedule.
7. _____ (initial) Failure to abide by the payment policy is a breach in the tuition agreement.
8. _____ (initial) If you withdraw your child for any reason prior to the conclusion of your enrollment contract, you are still responsible for paying your child's full yearly tuition.
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 is subject to change at any time at the discretion of the school, and deemed an appropriate change for the sake of the child and school.
 2. _____ (initial) MSCC reserves the right to deny, cancel or suspend a child's enrollment if it is in the best interest of the child or the school.
 3. _____ (initial) Requirements for Starting School: We must receive all school forms & up to date health forms, signed and dated by your physician, as well as current immunizations prior to your child's first day.
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Parent Signature _____ Date _____

Parent Signature _____ Date _____
Child's Name _____

EMERGENCY AND HEALTH INFORMATION

Emergency Contact Information

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

****All 3 MUST BE OTHER THAN PARENTS.**

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 or Physical 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.

Prescriptions Medications and Non Prescribed Ointments/Creams/Diaper Rash Creams

_____ (initial) I must give MSCC a signed, written permission letter to apply Vaseline, diaper rash cream, or any other non prescription ointment.

_____ (initial) MSCC is not authorized to accept or administer **any** "Doctor Prescribed Medication" without a fully completed DC Authorization Form signed by both the "Parent and Doctor."

Authorization To Seek Medical Attention

I authorize MSCC to seek medical attention for my child in the event of an emergency. I authorize MSCC to transport my child via ambulance to the appropriate medical facility in the event that urgent/emergency care is needed. 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 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 treatment. I also understand that specific medical information should be shared with school staff as deemed necessary. All emergency information and health history are correct to the best of my knowledge. My child has permission to engage in all activities, unless stated on this form, or on the DC Health Form.

Parent Signature _____ Date _____

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. I give permission for Individual and class photographs to be taken of my child:

___ at school ___ for 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 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 Child Care Regulations.

_____ (initial) I 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 will only be released to the persons authorized below.

_____ (initial) Name of persons authorized to pick up my child: _____

Non Release Authorization

_____ (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 OR deleted persons or. In the event of an emergency, I will contact MSCC to give the name and permission for another person to pick up my child.

Early Stages Screening Authorization

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

School Referrals

_____ (initial) I understand that MSCC will complete 2 new school referrals per child without charge. All additional referrals will be billed at \$25 per referral. All requests must be submitted to Administration.

DECLARATION:

I understand that by signing below I agree to abide by all policies & procedures contained in this Contract.

Parent Signature _____ Date _____

Parent Signature _____ Date _____