

Oakhaven Montessori School Contract

I/We agree to enroll my/our child _____ for

the 2018 to 2019 school year, paying by the following plan: Check and initial one:

_____ 12 month Installment Year Round Kid's Camp Plan: Payments 6/15/18 - 5/15/19 for enrollment from 6/18/18 - 6/5/19. * Depending on your enrollment date you may have payments due on the first of each month.

_____ 10 month Installment School Plan: Payments: 8/15/18 - 5/15/19 for enrollment from 8/27/18 - 6/5/19. * See above.

_____ Number of Days Preferred Days * _____

*Preferred days cannot be guaranteed. 3 days per week must include a Monday or a Friday.
Transitional Kindergarten or Kindergarten: We recommend 4 - 5 full, 9:00 - 2:30, days per week to get the lessons necessary to succeed in kindergarten.

We would like: _____ Half days 9 - 12:00 _____ Enrichment Program 12:45 - 3:30

_____ Full School days 9 - 2:30 _____ Extended Days 8:45-4:30

We close at 2:30 on Fridays.

Other: _____

My Monthly Installment will be \$ _____ and is due on the _____ first or the _____ fifteenth of the month. See Attached Fee Schedule.

Tuition payments will be made by person other than parent:

print name _____

address _____

E mail _____

home phone _____ Cell _____

Signature_____Date_____

Payment obligation is based on reserving a space for your child at Oakhaven Montessori School, not on actual days of attendance. Payment is due whether or not your child attends during these days, including school breaks, legal holidays, vacations and absences for any other reason. Nonpayment within 30 days will result in termination of enrollment. No refunds are given for any reason.

The California Department of Social Services shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent.

The California Department of Social Services shall have the authority to observe the physical condition of the child/ren, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child/ren.

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**Either party can terminate this contract by giving the other party at least one months written notice, on the first of the month. A final tuition installment is due to post the withdrawal notice.**

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I/We have read, understand and agree to the conditions of enrollment including registration, school calendar, holidays and closures, discipline policy, tuition installment payment and penalty, withdrawal policy and all policies contained in the handbook.

Parent/Guardian Signature_____Date_____

Parent/Guardian Signature_____Date_____

Both required.

Director Signature_____Date_____