

## Oakhaven Montessori School Contract

I/We agree to enroll my/our child \_\_\_\_\_ for

the 2022 to 2023 school year, paying by the following plan: Check and initial one:

\_\_\_\_\_ 12 month Installment Year Round Kid's Camp Plan: Payments 6/1/22 - 5/1/23 for enrollment from 6/13/22 - 5/31/23. \*Depending on your enrollment date you may have payments due on the first or 15th of each month.

\_\_\_\_\_ 10 month Installment School Plan: Payments: 8/15/22 - 5/15/23  
for enrollment from 8/15/22 - 5/31/23. \* See above.

\_\_\_\_\_ Number of Days Preferred Days \* \_\_\_\_\_

\*Preferred days cannot be guaranteed. 3 days per week must include a Monday or a Friday.  
Pre Kindergarten or transitional 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 9:00-12:00 \_\_\_\_\_ Enrichment 12:45-3:30

\_\_\_\_\_ Full School days 9:00-2:30 \_\_\_\_\_ Extended Day School Year: 8:30-5:00

Summer Camp, Seasonal Camps and Special Classes: \_\_\_\_\_ Extended Days M-F  
8:30 - 5:30

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 \_\_\_\_\_ (h)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 \_\_\_\_\_