



Lake Country Montessori Inc.

625 Walnut Ridge, Hartland, WI 53029. ☎: 262-367-6595 www.lakecountrymontessori.org

2010 Summer Session Enrollment Contract

Student: _____ (hereinafter "Student")

Nickname: _____ Date of birth: _____ Sex: _____

Parent/Guardian: _____ (hereinafter "Parent")

Parent/Guardian: _____ (hereinafter "Parent")

I. Enrollment: Parent hereby enrolls Student for Lake Country Montessori Inc.'s summer program(s) indicated below, under the terms of this contract. An enrollment deposit of \$75.00 is due and payable on or before May 15, 2010 and will be applied toward the chosen summer session. The deposit is non-refundable and must accompany the enrollment contract.

II. Tuition: For each desired program, Parent has placed a checkmark in the far left column beneath "Select a program." Parent hereby agrees to pay the Tuition for the selected programs.

Select a Program	Hours	Session Tuition	Deposit
<input type="checkbox"/> Session 1 June 14 - July 2	9:00am-12:00pm	\$400	\$75
<input type="checkbox"/> Week 1 June 14 - June 18	9:00am-12:00pm	\$150	\$75
<input type="checkbox"/> Week 2 June 21 - June 25	9:00am-12:00pm	\$150	\$75
<input type="checkbox"/> Week 3 June 28 - July 2	9:00am-12:00pm	\$150	\$75
<input type="checkbox"/> Session 2 July 12 - July 30	9:00am-12:00pm	\$400	\$75
<input type="checkbox"/> Week 1 July 12 - July 16	9:00am-12:00pm	\$150	\$75
<input type="checkbox"/> Week 2 July 19 - July 23	9:00am-12:00pm	\$150	\$75
<input type="checkbox"/> Week 3 July 26 - July 30	9:00am-12:00pm	\$150	\$75

III. Before and After School Care: For each desired service, Parent has placed a checkmark in the far left column noting which options they prefer. Parent hereby agrees to pay the charges incurred at a rate of \$5.50 per hour, which will be billed on a weekly/session basis per use. Please inquire at the office regarding our advanced registration childcare policy.

_____ My child will utilize before school care 8:00-9:00am.

_____ My child will utilize after school care 12:00-5:30pm.

IV. Withdrawal: It is understood that Student and Parent agree to support all Lake Country Montessori Inc.'s rules as outlined in the Parent Handbook. Lake Country Montessori, Inc. reserves the right to require withdrawal of a student in situations including but not limited to the following: a) repeated or serious violations of Lake Country Montessori, Inc.'s rules; b) serious academic problems; c) if a student's influence is considered harmful or their presence in Lake Country Montessori, Inc. is considered undesirable; d) for any breach of this enrollment contract; or e) if any material information contained in the Application for Admission is incorrect. Lake Country Montessori, Inc. also reserves the right to require a student to withdraw for medical or psychological reasons. Any determinations regarding the withdrawal of a student shall be made by the Board of Directors who shall make the determination in their sole discretion. Parent understands the unique educational experience provided by a Montessori Education and further understands that the education of all students relies on the relationship between the student and the teacher, and between the students.

V. Health, Safety and Exclusion From School: I/we understand and agree that Lake Country Montessori, Inc. shall have the right to exclude any student from attendance, temporarily or permanently, under any circumstances if the school administrator or the Board of Directors, in their sole discretion, deem said student to be interfering with the health, safety, or educational development of the Student or any other student(s) in Lake Country Montessori, Inc.

VI. Legal Interest Rate: Failure by Parent to pay any scheduled payment on time shall be deemed a breach of this contract. Past due balances under all Payment Options shall bear interest at the legal rate of 6 percent (6%) from date of breach.

VII. After Hours Charge: Lake Country Montessori's hours of operation are: 8:00am until 5:30pm. Parent agrees to pay a charge of \$1.00 for every minute that Student is left at school past 5:30 PM.

VIII. Emergency Medical Attention: I/we hereby give my/our express consent to Lake Country Montessori, Inc., or any agent acting in its behalf, to secure and provide any medical and dental attention that may be necessary at the discretion of the school administrator or the teachers for the above-named Student during a period when the undersigned cannot be contacted by telephone. I/we further agree to assume complete financial responsibility for any and all medical expenses incurred on behalf of the Student under the conditions described above. Further, we hereby agree to hold Lake Country Montessori, Inc., or any of their employees harmless, for any medical or dental acts they took if those acts are in the best interest of the student.

I/we covenant that I/we have read the above terms and conditions and fully understand and agree to abide by all the conditions and terms of this Agreement. This agreement shall be interpreted under the laws of the State of Wisconsin.

NOTE: This agreement must be signed personally by the parents or guardians of The Student, if applicable.

Signature of Parent/Guardian

Date

Billing Address

City, State, Zip

No person may be denied admission to any private school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extra-curricular, people services, recreational or other program or activities because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

Have you:

- Checked the desired program/s under Paragraph II & III
- Enclosed your security deposit?

Signature of Parent/Guardian

Date

Phone

Email

For Lake Country Montessori, Inc.

Date

Please return the completed contract and payment to:

**Lake Country Montessori, Inc.
625 Walnut Ridge Drive
Hartland WI 53029**

A signed contract will be returned to you. Thank you!