



Lake Country Montessori Inc.

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

Enrollment Contract 2010-2011 School Year

Student: _____ (hereinafter "Student")

Nickname: _____ Date of birth: _____ Sex: _____

Parent/Guardian: _____ (hereinafter "Parent")

Parent/Guardian: _____ (hereinafter "Parent")

I. Enrollment: Parent hereby enrolls Student for the 2010-2011 school year, commencing the week of August 30, 2010 in the Lake Country Montessori Inc.'s program(s) indicated below, under the terms of this contract. An enrollment deposit of \$300.00 is due and payable on June 1, 2010 and will be applied toward tuition for the school term beginning the following September. 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" and noted in the column Annual Tuition. Parent hereby agrees to pay the Annual Tuition for the selected programs.

Select a program:

Program	Hours	Annual Tuition	2 payments	9 payments
<input type="checkbox"/> 3-day Intro to Children's House	8:30am-11:45am	\$3,470	\$1,735	\$400
<input type="checkbox"/> Children's House	8:30am-11:45am	\$4,900	\$2,450	\$560
<input type="checkbox"/> Children's House Extended Day	8:30am-2:45pm	\$6,425	\$3,212.50	\$729

III. Payment Option: Parent must select one of the following three methods of paying the Annual Tuition by initialing one of the options below:

_____ OPTION A. Payment in full of the Annual Tuition on or before September 1, 2010.

_____ OPTION B. Payment of Annual Tuition in two (2) equal installments, the first due on or before September 1, 2010 and the second due on or before January 16, 2010.

_____ OPTION C. Payment of the Annual Tuition in nine (9) monthly installments, the first installment due September 1, 2010 and subsequent installments due on the first day of each subsequent month, with the last payment due on or before May 1, 2010. A \$15.00 per month surcharge will be assessed to utilize this option.

IV. 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 monthly basis per use. Please inquire at the office regarding our advanced registration childcare policy.

_____ My child will utilize child care services occasionally throughout the year.

_____ My child will utilize child care services regularly throughout the year.

_____ My child will utilize before school care 7:00-8:15am.

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

V. 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.

If for any Board approved reason Student withdraws or is required to withdraw on or before August 23, 2010, Parent shall be entitled to a refund of any Annual Tuition payments already made. If for any Board approved reason Student withdraws or is required to withdraw after September 17, 2010, Parent is obligated to pay the full Annual Tuition for the program(s) selected in Paragraph II. 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. Parents acknowledge that the withdrawal of a student after the commencement of the school year will have a negative impact on the education of all students in the class. Parent agrees that if student is removed or withdrawn from Lake Country Montessori, Inc. by the Parent(s) for any reason, the entire tuition for the year is still due and

For LCM -Initials

Parent -Initials

Parent -Initials

owing, and any payments made shall not be returned unless said refund is agreed to by the Board of Directors. The decision on whether or not to return any money to the parents rests in the sole discretion of the Board of Directors.

VI. 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.

VII. 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.

VIII. After Hours Charge: Lake Country Montessori's hours of operation are: 7:30am 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.

IX. Waiver: Any waivers by the school of this contract, in part or in whole, shall not be construed as a perpetual waiver.

X. 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.

By execution of this Agreement, I/we do hereby consent to either of the undersigned parties acting as the agent of the other for the purpose of negotiating and being bound by any modifications hereto. No oral modifications will be recognized. No oral inducements have been made other than those appearing herein. This Agreement represents the entire understanding between me/us and Lake Country Montessori, Inc.

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. These terms shall be binding upon and inure to my/our benefit, heirs, personal representatives, trustees, and successors.

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

Signature of Parent/Guardian

Date

Date

Billing Address

Phone

City, State, Zip

Email

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.

For Lake Country Montessori, Inc.

Date

Have you:

Please return the completed contract and payment to:

- Checked the desired program/s under Paragraph II, III and IV?
- Indicated and totaled the Annual Tuition due?
- Enclosed the correct Annual Tuition payment?
- Enclosed your enrollment fee?

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

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