

小天才蒙特梭利学校  
*Little Genius Montessori Center*  
14315 Marian Dr., Rockville MD 20850  
*www.littleGeniusMontessori.com*  
*lgmontessori@gmail.com*  
(301) 738 - 7851

## Enrollment Agreement

2014-2015

Student Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address(street, city, state, zip) \_\_\_\_\_

Parent or guardian name and phone number \_\_\_\_\_

Parent or guardian email \_\_\_\_\_

Parent or guardian name and phone number \_\_\_\_\_

Parent or guardian email \_\_\_\_\_

### Terms

**Authority:** I am the parent and legally authorized guardian of the student identified above. I have the legal authority to enroll the student at Little Genius Montessori Center (herein "LGMC").

**Period of Enrollment:** I understand and agree that the period of enrollment shall be for the entire school year as determined by LGMC or, in the case of a child entering after the school year has begun, from the date of admission to the last day of said school year.

**Commitment for the Full School Year:** I understand that LGMC has granted to my child one of a limited number of placement positions. Having accepted one of such limited number of placement positions, I understand and agree that there will be no refund, credit, pro-ration, or adjustment of tuition in the event of the absence, withdrawal, or exclusion of my child from LGMC except as provided in the **Withdrawal from Center** and the **Mandatory Withdrawal Policy** sections below.

**Annual Non-Refundable Fees:** At the time of acceptance and/or reenrollment, the annual non-refundable enrollment fee and materials fee are due. These fees will not be refunded regardless of whether the withdrawal decision was made voluntarily or involuntarily, and regardless of the length of my child's enrollment at LGMC.

**Withdrawal from Center:** I understand that in order to withdraw my child from LGMC, a written notice of early withdrawal as well as one month's tuition fee (in addition to the one month tuition paid in advance) must be submitted to the LGMC office **on or before the first day** of the month, at least 30 days prior to withdrawal. This written notice and tuition payment must be received on or before the first day of the month, or parent/guardian will be required to pay the following month's tuition.

**Tuition Payments:** Tuition payment can be paid as follows: 1) in full for the entire school year due August 1<sup>st</sup>, 2) in two equal installments due August 1<sup>st</sup> and December 1<sup>st</sup>, or 3) in monthly installments due on the first day of the month, paid **one month in advance**. There is a grace period until the 5<sup>th</sup> of the month. Payment received after the 5<sup>th</sup> of the month will be subject to a \$35.00 late fee. Checks returned for insufficient funds are subject to a \$70.00 charge (\$35.00 late fee AND a \$35.00 returned check charge). If two checks are returned, all future payments are to be made by cash or money order. Checks may not be post-dated. Should any tuition or fees become past due, my child will be excluded from LGMC until payment is made in full – including any late fees or returned check charges. My child’s space may be filled during this period. Tuition is due regardless of the child’s attendance. Tuition credit cannot be given for absences due to illness, vacations or other personal plans.

**Late Payments:** In the event any payment shall be more than fifteen days late, LGMC shall have the right to withhold any and all services for the child and /or parent. LGMC will require me to pay immediately the full amount of the tuition, and any other costs which have not been paid. I agree to pay and LGMC shall have the right to be reimbursed for, all of LGMC’s costs and expenses incurred enforcing this Agreement, including Court and attorney’s fees. I agree that if this matter has been turned over for collection to any collection agency or attorney, I shall be responsible for all collection agency and/or attorney fees.

**Parking:**

When I drop off and pick up my child(ren), I will always park in the parking lot. Under no circumstance will I park my vehicle on Marian Dr.

Also, I will let the person who come to LGMC, for any reason (pick up, drop off, short visit, attend a LGMC’s event, etc) be aware of this policy.

**General Policies:**

LGMC does not discriminate on the basis of race, color, national and/or ethnic origin, or disability in the admission of students, the employment of staff, or in the administration of its policies.

Children with special needs may be enrolled at LGMC if their developmental and social needs can be met with reasonable accommodations and without fundamentally altering the objectives of the program.

Enrollment may not commence until all required health and emergency forms and tuition and fees have been received.

**Mandatory Withdrawal Policy:**

LGMC may temporarily exclude a child from LGMC or permanently terminate a child’s enrollment as follows:

Upon two weeks’ notice for the following reasons:

1. Parental failure to abide by LGMC policies and enrollment agreement
2. LGMC’s program is not meeting developmental or special needs of the child as determined by the LGMC director.

Immediate withdrawal may result for the following reasons:

1. Health or behavioral reasons that threaten the safety, health, or well-being of the child or other children and staff

- 2. Chronic disregard of tuition policies
- 3. A pattern of late pick-up
- 4. Other conducts of parents/guardians or a child that threatens the well-being of children or staff

**Program and Payment Options**

I (We) wish to enroll \_\_\_\_\_ in the following programs:

Toddlers class _____	2 days _____
Primary class _____	3 days _____
Other program _____	5 days _____

Arrive time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Drop-in rate is \$10.00 per hour or less. Pay when you use the service.  
 Fees for late pick up are due when you pick your child(ren) up.  
 \$5.00 for the first five minutes or less and \$1.00 for every additional minute.

**Please check the payment plan you desire:**

\_\_\_\_\_ **Single Payment Plan:** A single payment of \$ \_\_\_\_\_, representing the sum of the tuition, is due on or before August 1, 2014.

\_\_\_\_\_ **Bi-annual Payment Plan:** Two equal payments of \$ \_\_\_\_\_, representing the sum of the tuition are due August 1, 2014 and December 1, 2014.

\_\_\_\_\_ **Monthly Payment Plan:** Monthly payments of \$ \_\_\_\_\_, representing the sum of the tuition, is due starting August 1, 2014 (for September's tuition), and due each subsequent month, ending in June 2015.

**Payment Calculations**

Annual Enrollment Fee (Non-Refundable)	_____
Annual Material and activities Fees (Non-Refundable)	_____
Deposit (count toward part of September's tuition)	_____
<b>Total Amount</b> made payable to <b>LGMC</b> (Little Genius Montessori Center):	_____

## Parental Consent

**Promotional Materials:** I give permission to LGMC to use photographs, videotapes, and/movies taken of or by the above-named child for promotional use in classroom displays or on the LGMC website.

**Emergency Medical Attention:** I give my express consent to LGMC, or any agent acting in its behalf, to secure and provide any medical and dental attention deemed necessary in the discretion of LGMC for my child during a period when I cannot be contacted by telephone. I further agree to assume complete financial responsibility for any and all medical expenses incurred on behalf of my child under the above conditions. I agree to release, indemnify and hold harmless LGMC and its agents for any and all damages arising from medical conditions, both known and unknown, not directly caused by LGMC's gross negligence.

**Student Directory:** I give permission for my child to be included in the LGMC student directory, which is distributed by LGMC to other enrolled students and their families.

I have downloaded and read "A Parent's Guide to Regulated Childcare".

**I have read and understand the above Enrollment Agreement. I agree to abide by the policies as specified. Enclosed are the non-refundable fees required to reserve a place for my child at LGMC for the 2014-2015 school year.**

The parent or legal guardian of the child, if applicable, must sign this agreement personally. Please indicate where a single parent or guardian has sole legal custody.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date