



Vancouver Montessori School
10316 NE 14th St. Vancouver, WA 98664
(360) 256-0872

New and Returning Students 2019-2020

My child _____, birth date_____, will attend Vancouver Montessori School for the 2019-2020 school year.

_____ Attached is a \$200.00 non-refundable registration fee for new students

_____ Attached is my \$150 non-refundable re-registration fee for *returning students*.

_____ Attached is my \$100 non-refundable wait list fee for the 2019-2020 school year.

Tuition Fees:

My child's school day schedule will be _____ and I will pay _____ beginning September 1st, 2019, with the final monthly installment due June 1st, 2020. The tuition is based on 178 school days, broken down into 10 equal monthly installments for payment convenience

My child will participate in before care _____ (arrival time) and/or aftercare _____ (pick up time), and I will pay _____ per month for these fees. I understand that before and aftercare are not prorated for months that have fewer school days, _____ (initial).

Tuition will be billed between the 18th- 20th of each month. Occasional care, convenience fees, and late payment fees will be billed on the following month's bill. **Payments are due by the 1st of each month and late on the 3rd, and will be assessed a \$15 charge, for each day tuition is late past the 3rd.** Enrollment is a commitment for the full school year. Tuition is set on that basis. Annual tuition, based on school days, is divided into monthly payments for your convenience. **No refunds are made for missed school days, illness, inclement weather, or other reasons including family vacation. _____ (please initial).**

Parent Name _____ Date _____

Phone _____ Email _____

Mailing Address _____.

If for unforeseen circumstances, there is a need for withdrawal, I will give a 30-day written notice and accept responsibility for such tuition. I understand that a child can be dismissed if school policies are not followed or if the needs of the child cannot be met. Any change to your child's schedule must be given in writing prior to the first of the month.

By signing this form, I understand the rules and guidelines regarding the payment schedule, before and aftercare fees, 30-day notice, missed school days, and our change of schedule policy's.

Signature _____ Date _____

