

The Franklin Montessori School

4473 Connecticut Ave. NW
Washington, DC 20008

2010-2011 Enrollment Agreement

Full Name of Student: _____

Person(s) Responsible For Tuition:

a. Full Name: _____

b. Home Address (street, city, state, zip): _____

I (We) wish to enroll the above named student ("Student") in the Franklin Montessori School ("School") for the 2010-2011 school year (September to June) or the 2010-2011 expanded school year (September to July).

The above named student's first day of attendance will be _____ ("Date of Enrollment").

Policies

Period of Enrollment: I understand and agree that the period of enrollment shall be for the entire school or expanded school year or, in the case of a Student entering after the school year has begun, from the date of enrollment to the last day of school as published in the current year school calendar.

Commitment for the Full School Year: I understand that The Franklin Montessori School has granted to the Student 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, or remission of fees or tuition in the event of the absence, withdrawal, or exclusion of the Student from The Franklin Montessori School except as provided in the **Withdrawal From School** and the **Mandatory Withdrawal Policy** below.

Initial Enrollment Fee (For New Students Only): Upon acceptance to The Franklin Montessori School, a one time, non-refundable enrollment fee of \$500.00 is due.

Re-Enrollment Fees (For Returning Students): At the time of re-enrollment (for returning students), a \$250.00 annual non-refundable fee is due and is enclosed with this agreement. In consideration for payment of this non-refundable fee, the school will hold a place for the Student.

Initial Here: _____

Withdrawal From School: In consideration for the timely payment of the annual Tuition, all fees and compliance with the policies of the Franklin Montessori School as explained in the Franklin Montessori handbook, the Student may withdraw from School and terminate this agreement under the following conditions:

1. A written letter of intent to withdraw is submitted to the School accompanied by a \$250.00 non-refundable withdrawal fee. This letter shall be effective on the first day of the calendar month following the date of submission (“the Effective Date”)
2. Sixty (60) days from the Effective Date, the Student shall be considered to have voluntarily withdrawn from the school (“the Withdrawal Date”).
3. Any payments due after the Withdrawal Date shall be cancelled, except any outstanding balances accrued up to the Withdrawal Date.
4. After the Withdrawal Date, semester and annual payments as well as any prepayments, shall be refunded to the extent they exceed any tuition due under this contract.
5. All fees, including the Initial Enrollment fee and the Re-enrollment fee, are non-refundable.

Late payments: In the event any payment shall be more than 15 days late, The Franklin Montessori School shall have the right to withhold any and all services for the Student and/or parent. The tuition and any other costs that have not been paid are due immediately.

Change of program/time option: I understand that I can request to change program/time options effective the first of each month (“Change Date”), provided I give written notice to the school office on or before the 20th of the previous month and that these requests are considered on a space available basis. There will be a \$25.00 administrative fee due at the time the request is made.

Mandatory Withdrawal Policy

The Franklin Montessori School may temporarily exclude or permanently terminate a Student’s enrollment as follows:

Upon two weeks’ notice for the following reasons:

- Parental failure to abide by school policies and/or this Agreement
- School’s program is not meeting developmental or special needs of the Student as determined by the educational director

Immediate withdrawal without prior warning may result for the following reasons:

- An account that is past due for fifteen days and/or disregard of tuition policies
- A pattern of late pick-up as determined by the administration
- Health or behavioral reasons on the part of the Student
- Conduct of parent, guardian, or a Student that the school administration or owner of the school, in his or her sole and absolute discretion, determines is threatening to the well-being, safety, or stability of the students or staff.

Initial Here: _____

Child's Name _____ Birth Date ____/____/____

Promotional Materials:

I give permission to The Franklin Montessori School to use photographs, videotapes, and/or movies taken of or by the above-named child for promotional use in school displays or on the school's password protected web page.

Initial Here: _____

Emergency Medical Attention:

I give my express consent to The Franklin Montessori School, or any agency acting in its behalf, to secure and provide any medical and dental attention deemed necessary in the discretion of The Franklin Montessori School 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 The Franklin Montessori School and its agents for any and all damages arising from medical conditions, both known and unknown, not directly caused by the School's gross negligence.

Initial Here: _____

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

Initial Here: _____

I have received the School Handbook and agree to abide by all the policies and procedures as specified.

Signature of Parent or Guardian

____/____/____
Date

Initial Here: _____

2010-2011 Ten Month Program (September through June)

		Annual Payment	Semester Payments <small>(1.5% finance charge included in fee)</small>	10 Installment Payments <small>(2.5% finance charge included in fee)</small>
<u>Two Year Old Program</u>				
___ Half Day Mornings	9:15-12:15	\$14,070.00	\$7,140.50	\$1,442.15
___ Full Day	9:15-3:30	\$17,040.00	\$8,647.80	\$1,746.60
<u>Montessori Primary Program</u>				
___ Half Day Mornings	9:15-12:15	\$10,820.00	\$5,491.15	\$1,109.05
___ School Day with Nap (For Student's not 4 years of age)	9:15-3:30	\$13,100.00	\$6,648.25	\$1,342.75
___ School Day	9:15-3:30	\$14,200.00	\$7,206.50	\$1,455.50
<u>Extended Day Options</u>				
___ Early Risers	7:30-8:30	\$890.00	\$451.60	\$91.20
___ Morning Montessori	8:30-9:15	\$1,600.00	\$812.00	\$164.00
___ After School Program (For Students 3, 4 & 5 years of age)	3:30-6:00	\$4,200.00	\$2,131.50	\$430.50

2010-2011 Extended Program (September through July)

		Annual Payment	Semester Payments <small>(1.5% finance charge included in fee)</small>	10 Installment Payments <small>(2.5% finance charge included in fee)</small>
<u>Two Year Old Program</u>				
___ Half Day Mornings	9:15-12:15	\$15,470.00	\$7,851.00	\$1,585.60
___ Full Day	9:15-3:30	\$18,740.00	\$9,510.55	\$1,920.85
<u>Montessori Primary Program</u>				
___ Half Day Mornings	9:15-12:15	\$11,910.00	\$6,044.30	\$1,220.80
___ School Day with Nap (For Students not 4 years of age)	9:15-3:30	\$14,400.00	\$7,308.00	\$1,476.00
___ School Day	9:15-3:30	\$15,620.00	\$7,927.15	\$1,601.00
<u>Extended Day Options</u>				
___ Early Risers	7:30-8:30	\$970.00	\$492.25	\$99.40
___ Morning Montessori	8:30-9:15	\$1,785.00	\$905.85	\$182.95
___ After School Program (For Students 3, 4 & 5 years of age)	3:30-6:00	\$4,600.00	\$2,334.50	\$471.50

Extra Hours used on a Drop-In basis are billed monthly at \$12.00 per hour. Fees for late pick up after 6:00 p.m. are due upon receipt and are assessed as follows: \$5.00 for the first five minutes and \$2.00 for every additional minute.

Initial Here: _____

Payment Options

Please check the payment plan you desire: Use the enclosed program option/time fee schedule to calculate.

___ **Single Payment Plan:** A single payment of \$ _____, which represents the sum of the tuition plus before and/or after school options. This payment is due on or before July 1, 2010. I have the option of handling this payment by personal check or credit card through FACTS.

___ **Semester Payment Plan:** Two equal payments of \$ _____, which represent the sum of the tuition plus before and/or after school options. The first tuition payment is due July 1, 2010 and the second payment is due January 3, 2011. I have the option of handling this payment by personal check, or automatic debit or credit card through FACTS.

___ **Ten Payment Plan:** Ten consecutive monthly payments of \$ _____, which represent the sum of the tuition plus before and/or after school options. The first payment is due July 2010 and the remaining payments are due each month, ending in April 2011. These payments will be made by automatic debit or credit card through FACTS Management only (no monthly check payment option).

If I elect to make payments through FACTS, I understand I must submit to The Franklin Montessori School, a signed FACTS automatic tuition agreement along with the school's enrollment agreement. There is an annual fee per family, payable to FACTS for this option. If I elect to use MASTERCARD, AMERICAN EXPRESS or DISCOVER through FACTS, I understand I will incur a banking convenience fee of about 2.5%

- **School Fees is already paid upon acceptance (non-refundable):** \$ _____
- **Total Amount of tuition made payable to The Franklin Montessori School:** \$ _____

Parent's Name: _____

Home Address (street, city, state, zip): _____

Home Phone: _____

Student's Name: _____

I (We) wish to enroll the above named Student in The Franklin Montessori School, for:
_____ the 2010-2011 school year (September 1 to June 15) or
_____ the 2010-2011 expanded school year (September 1 to July 22).

I have read and understand The Franklin Montessori School Enrollment Agreement. I agree to abide and support the policies as specified.

Parent Signature: _____

Date: _____

Person Responsible for Tuition (If different than Parent): _____

Date: _____

Please keep a copy of this enrollment agreement for your records and return the signed, initialed agreement.

Initial Here: _____