

Starting Point Montessori Center, Inc.

**SUMMER PROGRAM AGREEMENT
June 13, 2016 – August 19, 2016**

Child's Name: _____ D.O.B.: _____ Male Female
 Address: _____ City: _____ ST: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Parent Name: _____ Parent Email: _____

TODDLER TUITION	PREPRIMARY TUITION	HOURS of OPERATION
\$155 weekly	\$145 weekly	7:00 am – 5:30 pm
Due every Monday	Due every Monday	Late Pick Up \$1.00 per minute after 5:30 pm

TUITION PAYMENT AGREEMENT

I, _____ do hereby understand that the established tuition rate for **Summer Camp 2016** is **\$1,550 Toddlers (ages 18 months – 3 years)** and **\$1,450 for Preprimary (ages 3 – 5 years)**. Summer Camp runs from **June 13, 2016 – August 19, 2016**. I also understand that the **registration fee** is **\$50** and is **non-refundable** and **non-transferable**. There will be **no refunds** for **tuition** in the event of **illness, holidays, cancellation** or **withdrawal**.

- I understand that the weekly tuition payment for Toddlers is \$155.
 I understand that the weekly tuition payment for Preprimary is \$145.

Please note whether choosing weekly or daily, the tuition is **always** due on **Monday** of each week. All tuition payments are to be made in form of **checks** or **money orders, debit cards, NO CASH PLEASE!** A **late fee** of **\$35** will be assessed if payment **is not** received on the tuition due date.

The first installment (June 13th) is due upon your child entering the summer program. NO EXCEPTIONS!

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Furthermore, I understand that if my tuition payment **is not paid** by the next payment due date that I may be asked to **remove my child** from Starting Point Montessori Center **until** my **financial obligations** are met. Also, my child(ren) space in the center is not guaranteed to remain open.

Child's Name: _____

Parent(s) and/or Guardian(s) Signature: _____ Date: _____

(Parent Responsible for Tuition Payment)

OFFICE USE ONLY

Amt.Paid:		Date:		By:	
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Check #		M.O.:		Debit #		Other:	
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Starting Point Montessori Center, Inc.

SUMMER PROGRAM AGREEMENT

June 13, 2016 – August 19, 2016

PLEASE NOTE:

Parent(s) and/or Guardian(s) are responsible for all tuition payments on the **weekly payment** schedule. **Choose** the date(s) that your child will be attending. **Compliance** signature is required for all dates chosen. A **minimum** of **(3) three weeks** is required.

June 13, 2016 - June 17, 2016

I understand that the weekly tuition payments are **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

June 20, 2016- June 24, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

June 27, 2016 - July 1, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

July 4, 2016 - July 8, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

July 11, 2016 - July 15, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

Starting Point Montessori Center, Inc.

SUMMER PROGRAM AGREEMENT
June 13, 2016 – August 19, 2016

June 13, 2016 - June 17, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

July 18, 2016 - July 22, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

July 25, 2016 - July 29, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

August 1, 2016 - August 5, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

August 8, 2016 - August 12, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)

August 15, 2016 - August 19, 2016

I understand that the weekly tuition payments **\$155** and/or **\$145** (where applicable).

I have **read** and do understand the policy of Starting Point Montessori Summer Program governing tuition fees, and late charges, and agree to abide by these policies to the best of my ability.

Parent(s) and/or Guardian(s) Signature: _____ Date: _____
(Parent Responsible for Tuition Payment)