



Little Explorers Montessori School

Where the heart, mind, and spirit grow together

Office Use:
 OL _____ DL _____ E. Cont _____ Auth. P.U. _____
 QB _____ Inv _____ S. In _____
 Reg. Fee _____ Imm. _____

2021-22 ENROLLMENT CONTRACT		Date:
Student's Name:		Date of Birth:
Parent/Guardian's Name(s):		
Mailing Address:		
City, State:		Zip Code:
Home Phone #:		
Primary Contact Name:	Phone#:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Primary Text #:	Primary Email:	
Secondary Contact Name:	Phone#:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Secondary Text #:	Secondary Email:	

This agreement is between _____ and _____,
 (Parent/Guardian #1) (Parent/Guardian #2)

Parent(s) and/or Legal Guardian(s) of _____ and
 Little Explorers Montessori School, ("Little Explorers").

Registration

Parent/guardian understands and agrees that there is a non-refundable registration/application fee of \$175 per family. This must be paid at the time of application.

Application Process Requires Returning When Registering:

Enrollment Contract *	Family Responsibility Form
Registration Fee*	Parent/ Family Questionnaire Form (new families only)
Authorized Pick-Up Form*	Parent Interest Form
Emergency Contact Info and Allergies/Health Considerations Form*	

To Be Turned In By Orientation:

1 st Month's Tuition	School Supplies (Families with last name beginning A-L)
Up-to-date Immunization Record*	Dental Screening (Kindergarteners and 2 nd graders only)*
Certified Birth Certificate* (1 st year at LEMS only)	Vision Screening (Kindergarteners only)*

***Please note: Your child may not start school without these items up-to-date and turned in.**

Trial Period

"Little Explorers" accepts above child for the 2021-22 academic year for the program chosen, subject to the successful completion of a 30-day trial period. Parent/Guardian and "Little Explorers" agree that the acceptance of a child is subject to this 30 day trial period in which both parties will have the opportunity to assess the child's ability to adjust and function within the traditional Montessori environment. "Successful completion of the trial period" will be determined by consideration of both parties' observations. In the event of a disagreement as to whether or not a child has adjusted, the determination of "Little Explorers" will be final.

Upon successful completion of the trial period, the child is deemed enrolled for the entire school year. **Parent agrees to pay the full amount of annual tuition with no adjustment for late drop off, early pick up, illness, absence, vacation or withdrawal.** _____ **initials**

Holidays

Please check School Calendar for more specifics regarding holidays, breaks, parent/teacher conferences and institute days. "Little Explorers" will follow the Valley View District 365U calendar for extreme weather day schedule changes.

Fees

Parent agrees to pay late fee in the amount of \$50.00 for any tuition paid after 1st of the month payment is due or after the agreed upon payment due date. For any tuition paid after the due date based on the enrollment contract or the agreed upon payment due date, the fee will apply. If school is not in session for any reason (i.e. holidays, weekends, etc.) on the due date, it is the parent's responsibility to deliver payment on time electronically using Chase Bank's QuickPay method, postdated check, USPS mail or hand delivery. **Please plan accordingly to avoid a late fee.** initials

Late Pick-Up / Early Drop-Off Fee Policy

There will be an additional fee of \$10 for any arrival or dismissal 10 minutes later or earlier than contracted time. After the next hour increment, afterschool charges will be applied. initials

If a child is picked up after 6pm (closing time), the parent will be charged **\$25 for every 15 minutes the parent is late after 6pm per child.** Payment for these fees will be due within 7 days of receipt of invoice or a late fee will be assessed.

Parent agrees to pay \$5.00 per lunch for any lunch provided by the school because the parent forgot to order a lunch or forgot the lunch at home. This is not to be used often or other charges will apply.

Medical Information:

In addition to your child's current immunization report, Parent hereby represents that all relevant medical and personal information affecting the child's health and general well-being has been disclosed on the Allergies and Special Health Considerations form or will be if changes in child's health occur. Any omission of material information will be grounds for "Little Explorers" to terminate this Agreement.

Parent(s)/Guardian(s) agree to all terms and conditions presented in the Parent Handbook as well as the 2021-22 Tuition Rate Sheet including tuition and fee schedule. Pursuant to that form, the parent/guardian agrees to pay the following:

	Fill in Program Name Below	Days of week child will be attending	Monthly Total	Yearly Total
Tuition Program i.e. 5 day, 4 day → Full or ½ day				
Before School Time i.e. 5 day, 4 day etc →			Please fill out Before and After School Form	
After School Time i.e. 5 day, 4 day etc →			Please fill out Before and After School Form	
Totals				

Parent/Guardian's Signature

Date

Little Explorers' Head of School or Director

Date