Lakeland Montessori Schoolhouse
Enrollment Agreement 2015-2016: Preschool Level

Full name of student:: _____ Level: Primary (age 3-6) classroom

Mother/Guardian Name: _____ Father/Guardian Name: _____

As the parent(s) or guardian(s) of the above named child (herein after referred to as the "Student"); I/we hereby enroll the Student in Lakeland Montessori Schoolhouse, Inc. (hereinafter, referred to as the "School") for the 2015-2016 school year.

1.1 Period of Enrollment: I/we understand and agree that the period of enrollment shall be for the beginning and ending dates set by the Polk County School Board for the 2015-16 school year, subject to any changes and/or emergency closings approved by the School's Board of Directors.

1.2 Commitment for the Full Year: I/we understand and agree that the School has granted to the Student one of a limited number of placement positions at the School and that having accepted one of those limited number of placement positions, I/we understand and agree that there will be no refund, credit, or remission of tuition in the event of absences; or the alteration, modification, or revocation of the contractual relationship that exists as a result of the execution of this Agreement between the undersigned and the School.

1.3 Tuition and Fees: I/we, jointly and severally, hereby unconditionally promise to pay tuition and fees in the amount specified below to the school in consideration for reserving a place for the Student for the school year specified above.

1.4 Enrollment Deposit: A non-refundable Enrollment Deposit of $500.00 is due with this agreement on or before the close of business stated in your acceptance email. This deposit assures the student a place in the appropriate class in August, 2015 and will be applied towards the annual tuition amount due. Enrollment Agreements received after February 15, 2015 will require a Deposit of $700 of which $500 will be applied to the student's tuition.

1.5 The following are the Tuition plans and Fees for the 2015-2016 year:

All payments are to be paid at the front office BEFORE the first day of the month or if paid by mail the envelope is to be postmarked before the first day of the month. The school does not accept cash. $25.00 will be charged for returned checks. If a check is returned, all payments thereafter must be via cashier's check or money order.

PreK-3 = Students under age four before September 1
PreK-4 = Students under age five before September 1
Kindergarten = Students age five on or before September 1

PLEASE INITIAL THE BOX OF THE PAYMENT PLAN YOU AGREE TO PARTICIPATE IN:

Grades & TUITION	**Plan A** *Eleven* payments July 1 through May 1	**Plan B** *Two* payments before July 1 and Dec 1	**Plan C** *One* payment before July 1
PreK-3 Half Day (8:15a.m.-12:00p.m.) $6550	**_____(Initial) _____(Initial)** *ELEVEN* payments of $550 plus enrollment deposit	**_____(Initial) _____(Initial)** *TWO* payments of $3000 plus deposit ($50 discount)	**_____(Initial) _____(Initial)** *ONE* payment of $5950 plus deposit ($100 discount)
PreK-3 Full Day (8:15a.m.-3:00p.m.) $7650	**_____(Initial) _____(Initial)** *ELEVEN* payments of $650 plus enrollment deposit	**_____(Initial) _____(Initial)** *TWO* payments of $3550 plus deposit ($50 discount)	**_____(Initial) _____(Initial)** *ONE* payment of $7050 plus deposit ($100 discount)
PreK-4 Full Day (8:15a.m.-3:00p.m.) $5989***	**_____(Initial) _____(Initial)** *ELEVEN* payments of $499 plus enrollment deposit	**_____(Initial) _____(Initial)** *TWO* payments of $2719.50 plus deposit ($50 discount)	**_____(Initial) _____(Initial)** *ONE* payment of $5389 plus deposit ($100 discount)
Aftercare from 3pm thru 6pm	$50 weekly	$50 weekly	$50 weekly
Grades K – 8 **Free Tuition**	**Free Tuition**	**Free tuition**	**Free tuition**

FEES	Remarks	Amount	Applicable to & Due
Enrollment deposit PreK-3, PreK-4	Non-refundable, applied towards annual tuition due	$500	All PreK-3 and PreK-4 students by date in acceptance letter
Application Fee PreK-3, PreK-4	Non-refundable	$100	All new PreK-3 and PreK-4 students with application
Late Registration Fee After February 15, 2015	Non-refundable, PreK3 & PreK4	$200	Due at registration
Late Payment Fee	Late fee calculated including the 1st of the month and including the date paid in the office or the postmark on the envelope	$5 per day	With tuition payment
Supply Fee	PreK3 & PreK4	$125	Due with enrollment deposit

For PreK-4 students: ***Tuition includes wraparound services in addition to the VPK (State of Florida Voluntary PreK) hours. The hours included for the school year are 8:15 a.m. – 3:00 p.m. I/we agree that we have requested wraparound services and the tuition will be as stated above regardless of which hours or days are attended**.** I/we agree that we must apply for the VPK certificate online as soon as the VPK application is released and that until the certificate and payments are received from the VPK program the tuition amount shall be at the full amount. **I/we agree to ensure that the student attends each day.** I/we agree that my child will not be absent more than 20% of the school days attended per month or any other amount set by the VPK program. In the event that my child is absent more than this, my child will be dismissed from Lakeland Montessori at the sole discretion of the Director of Finance. I/we agree to submit a written note to the school for each absence stating the reason for the absence. **The school may choose not to participate in the VPK program at any time, without notice, at which time the tuition amount would immediately increase and become payable at a prorated amount that would total $7,650.00 for the school year.**

1.6 Special Activities/Snack: I/we understand and agree that the School may from time to time offer extra-cost trips, activities or special programs not included in the routine School schedule, tuition and fees. I/we understand and agree that we are required to provide snack for the 3-6 classroom approximately once per month in accordance with the snack procedures outlined in the School's online Handbook.
_____ (please initial) _____(please initial)

1.7 Commitment of Support for the School's Program: I/we understand and agree that the educational model at Lakeland Montessori Schoolhouse is based on a two-way partnership. It requires an investment of trust, cooperation, time and energy in support of each child's education both at home and at school. Further, as a Montessori school, I/we understand and agree that I/we will be expected to actively participate in the life of the School, including scheduled conferences, meetings of the families of my/our child's class, and community meetings. I/we agree to support and promote the School's programs, handbook, policies, and values as set forth by the School on the school's website and within other school documents from time to time. Activity not aligned with this statement will be seen as counter-productive and will be discouraged. I/we understand that we are required to volunteer at least 20 hours to the school in a capacity that is sensitive to the needs of the school. All hours must be completed prior to the last school day of the school year.
(please initial) _____(please initial)

1.8 Annual Renewal: I/we understand and agree that enrollment in the School for the 2015 – 2016 year does not guarantee continuing enrollment. The School's primary objective is to find the right match between Student, Family, and School. As each year progresses, the School will continue to monitor each child's progress and his or her family's support for the School's policies, programs, and ideals. Should it become clear, in the exclusive discretion of the Principal, that Lakeland Montessori has proven to not be an appropriate match with either the Student or the Student's family, the School will communicate its decision not to invite the Student to re-enroll for the following year during the normal re-enrollment period. _____(please initial) _____(please initial)

1.9 Health, Safety, and Exclusion From School: I/we understand and agree that the School shall have the right to exclude any student from attendance, temporarily or permanently, under any circumstances deemed, in the sole and exclusive discretion of the Principal or his/her designee, to be interfering with the health, safety, or educational development of the Student, other students, faculty or staff. In the event of permanent exclusion, any prepaid tuition will be refunded on a pro-rated basis, less the Application Fee, Supply fee, and Enrollment Deposit for the 2015-2016 school year, which shall be non-refundable. _____(please initial) _____(please initial)

2.0 Tuition is due as scheduled above: I/we understand and agree that no student shall be permitted to attend the School if the Student's tuition is not paid in full as stated above. In such a case, the Student will be excluded from School until the tuition is paid and up to date according to the terms of this agreement. _____(please initial) _____(please initial)

2.1 Non-Payment: All monies due under this agreement are due and payable as stated above. No extensions or delays in payment will be recognized unless in writing and signed by the Director of Finance and the undersigned. In the event any payment shall be more than ten days late, the School shall have the right to withhold any and all services to the Student and/or the undersigned. In the event it shall be necessary to place this contract or any other debt due the School by the undersigned with a collection agency or attorney, I/we agree to bear all court costs and reasonable collection/attorney's fees, plus interest at the rate of 15% on the outstanding balance, over and above all other sums then due. _____(please initial) _____(please initial)

2.2 Promotional Materials: I/we hereby give my/our permission to the School to use photographs, videotapes, and/or movies taken of the above named child for the school's promotional use. _____(please initial) _____(please initial)

2.3 Emergency Medical Attention: I/we hereby give my/our express consent to the School, or any agent acting in its behalf, to secure and provide any medical and dental attention that may be necessary in the discretion of the School for the above named Student during a period when the undersigned cannot be contacted by telephone. I/we further agree to assume complete financial responsibility of any and all medical expenses incurred on behalf of the Student under the conditions described above. _____(please initial) _____(please initial)

2.4 By execution of this agreement, I/we do hereby consent to either of the undersigned parties acting as the agent of the other for the purpose of negotiating and being bound by any modifications hereto. No verbal modifications will be recognized. No verbal inducements have been made other than those appearing herein. This agreement represents the entire understanding between myself/ourselves and the School. _____(please initial) _____(please initial)

2.5 I/we covenant that I/we have read the above terms and conditions and fully understand and agree to abide by all the conditions and terms of this agreement. These terms shall be binding upon and inure to my/our benefit, heirs, personal representatives, trustees, and successors. _____(please initial) _____(please initial)

This agreement shall be interpreted under the laws of the State of Florida.

Note: This agreement must be signed personally by **both parents** and/or guardians of the Student, if applicable. Signature by the Director of Finance acknowledges acceptance of this enrollment agreement by the school.

_____
Father/Guardian

_____
Mother/Guardian

_____
Date

_____
Date

_____
Director of Finance & Strategic Planning

_____
Date