



2019/2020 Academic Year Enrollment Agreement

Student Name: _____ Birthdate: _____ Age: _____

Indicate selection(s) from Term and Program selection below.

Term:

- Full Academic Year (Sept. 3, 2019 - June 19, 2020)
- First Semester (Sept. 3, 2019 - Dec. 20, 2020)
- Second Semester (Jan. 2, 2020 - June 19, 2020)

Program Selection(s):

Full Day Program

- | | |
|---|----------|
| <input type="checkbox"/> Five Days (7:30am-5:30pm) | \$185/wk |
| <input type="checkbox"/> Three Days (7:30am-5:30pm) | \$140/wk |
| <input type="checkbox"/> Two Days (7:30am-5:30pm) | \$95/wk |
| <input type="checkbox"/> Early Bird Before Care (7:00am-7:30am) | \$30/wk |

Morning Program

Three Days (8:30am- 11:30am)	\$95/ Week
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Enrollment Fee: To reserve the enrollment I have indicated above, I have enclosed a non-refundable deposit of \$50.

First Payment: I understand if it's my first year at Stonebridge Montessori School that my non-refundable first payment is due the week prior to my child starting.

Returned Check Fee: I understand that a returned check fee of \$45 will be added to the next billing cycle.

Deadline: If your child is not enrolled/re-enrolled by Thursday, February 28th, there is no guarantee there will be room available for the fall.

School Administrator

Date

Parent and/or guardian

Date

