



Summer 2019
Enrollment/Re- Enrollment Agreement

Student Name: _____ Birthdate: _____ Age: _____

Term:

- Summer (June 17, 2019 - August 28, 2019)

*If there is a specific weeks you will **NOT** be attending, please indicate below for the staff to take notice. We will not charge for one weeks worth of family vacation. Please tell the staff **four weeks** prior to your vacation week.*

Program Selection(s):

Full Day Program

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

Morning Program

- | | |
|---|------------|
| <input type="checkbox"/> Three Days (8:30am- 11:30am) | \$95/ Week |
|---|------------|

First Time Enrollment Deposit 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.

School Administrator

Date

Parent and/or guardian

Date