



ELEMENTARY PROGRAM AGREEMENT

CHILD'S NAME: _____

Please check appropriate program

10 PAYMENTS OF TUITION (IN DOLLARS):

8:30AM - 3:30PM	<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input type="checkbox"/> 3RD	1700
BOOKS / SUPPLIES				400
EXTENDED HOURS PROGRAM - AVAILABLE FROM 7AM UNTIL 6PM				
	<input type="checkbox"/> MORNING EXTENDED HOURS ONLY (7:00 - 8:30AM)			350
	<input type="checkbox"/> AFTERNOON EXTENDED HOURS ONLY (3:30 - 6:00PM)			400
	<input type="checkbox"/> BOTH SESSIONS			700

Extended hours are available at \$25 per hour if you do not select a plan
 First hour is not prorated
 After the first hour, time will be prorated by the half hour
 Arrivals after 6:00pm will be charged \$30 for the first 15 minutes and one dollar for every minute thereafter.

REGISTRATION

A \$150 registration fee, book/supply fee along with the first installment of the tuition are due with your application. The \$150 registration fee is non-refundable. Please make checks payable to "Trevoose Day School".

TUITION

Tuition is an annual non-refundable fee that must be paid regardless of whether your child completes the school year (whether in-person or by remote means). Tuition may be paid in full at the time of application, or, alternatively, in 10 equal installments (the "Installment Plan"). The Installment Plan is offered solely for the convenience of parents/guardians. Your first payment is due with your application before the beginning of school. Each subsequent installment payment is due on the first of each month, with the second payment being due on September 1 and the last payment being due on May 1. A \$75 late charge will be assessed for late payments or for returned checks. If a check is returned for insufficient funds, all future payments must be made with a certified check or cash.

No adjustments will be made to the tuition for any reason whatsoever, including days missed due to weather, illness, vacations or shortened months or when the School is mandated to operate on a remote basis, or elects to do so for safety or health reasons.

WITHDRAWAL

A parent wishing to withdraw their child before the school year begins must notify the school in writing at least two (2) months prior to the first day of school. Any parents withdrawing their child before the end of the school year are not entitled to a tuition refund and, if paying under the Installment Plan, are responsible for all remaining tuition payments.

Must be included with registration: First Tuition Installment Supply Fee \$150 Registration Fee

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

NESHAMINY MONTESSORI
ELEMENTARY PROGRAM AGREEMENT

CHILD'S NAME: _____

Services to be provided as part of the tuition: education and care

Child's arrival time: _____ Child's departure time: _____

Person(s) designated by parent to whom child may be released:

I, the parent/guardian;

- received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)
- agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-PARENT OR GUARDIAN

DATE

SIGNATURE-DIRECTOR

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GARDIAN
(to be signed 6 months after enrollment)

DATE

Student's Full Name _____
FIRST LAST CHILD GOES BY

Student's Address _____
STREET HOME PHONE

CITY STATE ZIP CODE

GENDER BIRTH DATE

Mother/Guardian _____
FIRST LAST E-MAIL

OCCUPATION BUSINESS PHONE OTHER CELL/PAGER

Father/Guardian _____
FIRST LAST E-MAIL

OCCUPATION BUSINESS PHONE OTHER CELL/PAGER

Parental Status Married Separated Divorced Single Widowed Other _____

If separated or divorced (since when) _____

Siblings _____
NAME AGE GRADE SCHOOL

NAME AGE GRADE SCHOOL

NAME AGE GRADE SCHOOL

Other persons in home _____

NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP

Person to notify in an emergency _____

NAME RELATIONSHIP

ADDRESS

HOME PHONE BUSINESS PHONE OTHER CELL/PAGER

CHILD'S NAME: _____

School(s) previously attended

SCHOOL NAME

PHONE NUMBER

SCHOOL NAME

PHONE NUMBER

Is a second language spoken at home?

Yes No

If yes, which language _____

Extended day application (7am – 9am/3:30pm – 6pm)

My child will arrive at school by _____

My child will depart from school by _____

Transportation

District Bus School District Name _____

Self

In the space below please supply any additional comments you feel would help us in understanding your child.

