



Village Montessori Preschool
2812 West Britton Road
Oklahoma City, Oklahoma 73120
405-751-9448
Fax # 405-751-3575
www.villagemontessoriokc.com

Village Montessori School

"Where Class Begins"

Village Montessori
Primer/Kindergarten
2804 West Britton Road
Oklahoma City, Oklahoma 73120
405-755-3904
Fax # 405-752-8656
www.villagemontessoriokc.com

ENROLLMENT CONTRACT 2011 – 2012

Montessori A, B, C, D, Pre K & Kindergarten

August 22, 2011 – May 25, 2012

| | | |
|-------------------------------------|-------------------------|-------------------|
| NAME _____ / _____ / _____ | | |
| LAST | FIRST | MIDDLE |
| Date of Birth _____ / _____ / _____ | Male _____ Female _____ | Present Age _____ |

FEES and PAYMENTS

- First Semester Deposit (non-refundable) due with contract on or before May 17, 2011 \$ 125.00
- Second Semester Deposit (non-refundable) due on or before January 3, 2012 + \$ 125.00
- Weekly Fee (includes classroom instruction and before /after class childcare) + \$ 175.00 (per wk)

Weekly fee is to be paid for **40 consecutive weeks, August 22, 2011 through May 25, 2012 regardless of attendance.** The pay period begins on Monday. We have no split weeks. Payment for the week is due in advance and is expected on Monday or the first day of the week your child comes to school. Otherwise, a **\$10.00 late fee**, per week, per child, will be added to all late payments.

CANCELLATION POLICY:

- You may cancel this contract in writing on or before July 5, 2011. If you cancel your contract by this date, you do forfeit your \$125 Semester Deposit, but there is no other penalty and this contract shall then terminate. After August 22, 2011, you are bound to pay all weekly fees on a continuous basis, regardless of the child's attendance or notification of absence for any reason, including illness or vacation. After August 22, 2011, the weekly portion of this contract may be cancelled with a two-week written notice of withdrawal accompanied by payment for those two weeks and acceptance of notice by management of Village Montessori School.
- The Village Montessori School reserves the right to cancel this contract based upon **the inappropriate behavior or conduct of a child, parent, or guardian**. Inappropriate behavior and conduct shall be determined solely by the officers and management of Village Playschool, Inc.

RETURNED CHECKS:

- There will be a **\$10.00 service charge for a returned check**. After a second returned check, we will accept only cash.

HOLIDAYS, SCHOOL BREAKS, & CLOSINGS:

- The Village Montessori School will be closed on Labor Day, (Monday, September 5, 2011), Thanksgiving Holiday, (Thursday and Friday, November 24 and 25, 2011), Monday, December 26, 2011, and Monday, January 2, 2012.
- **CLASSROOM INSTRUCTION BREAKS:** We will observe a two-week Christmas break (December 19, 2011 – January 2, 2012) and a one-week Spring Break (March 19-23, 2012). During these times there will be **no classroom instruction, but childcare is provided**. Weekly fees are paid during this time regardless of attendance.
- In the event of snow or ice, Village Montessori School may close. If weather dictates school closing, weekly fees still apply.

BUSINESS HOURS:

- Our business hours are 7:00 a.m. to 6:00 p.m., Monday through Friday. **After 6:00 p.m., the late pick up charge is \$1.00 per minute, per child.**
 - **Upon the second violation, fee increases to \$2.00 per minute.**
 - **Please make arrangements to have your child picked up at or before 6:00 p.m.**

By signing this contract, I, parent or legal guardian of above named child, am enrolling my child at the Village Montessori School for the session indicated above. Unpaid accounts will be considered in default after 30 days from the date of a statement, after which a late charge will be imposed at the rate of 1.5% per month on unpaid balances (annual percentage rate of 18%). Below signer agrees to pay the late charge together with any collection fees Village School may incur to effect collections.

| | | |
|------------------|---------------|-------|
| SIGNATURE | PARENT'S SS # | DATE |
| STREET ADDRESS | CITY | STATE |
| Business Phone # | Cell Phone # | |

WE APPRECIATE YOUR PATRONAGE

OFFICE USE ONLY

Date _____
 Check # _____
 Amount _____
 Info. Card _____
 Imm. Card _____
 Initials _____
 Class _____
 New Student _____
 Start Date _____