



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"*  
**ENROLLMENT CONTRACT**  
 2009 – 2010

**August 17, 2009 – May 28, 2010**

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

<b>NAME</b> _____ / _____ / _____		
<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>Date of Birth</b> _____ / _____ / _____	<b>Male</b> _____ <b>Female</b> _____	<b>Present Age</b> _____

## FEES and PAYMENTS

- First Semester Deposit (non-refundable) due with contract on or before June 5, 2009 \$ 100.00
- Second Semester Deposit (non-refundable) due on or before January 4, 2010 + \$ 100.00
- Weekly Fee (includes classroom instruction and before /after class childcare) + \$ 165.00 (per wk)

Weekly fee is to be paid for **41 consecutive weeks, August 17, 2009 through May 28, 2010 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 17, 2009. If you cancel your contract by this date, you do forfeit your \$100 Semester Deposit, but there is no other penalty and this contract shall then terminate. After August 17, 2009, 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 17, 2009, 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 and SCHOOL BREAKS:

- The Village Montessori School will be closed on Labor Day, (Monday, September 7, 2009), Thanksgiving Holiday, (Thursday and Friday, November 26 and 27, 2009), Christmas Day, (Friday, December 25, 2009), and New Year's Day, (Friday, January 1, 2010).
- We will also close early at 1:00 pm on Christmas Eve Day, Thursday, December 24, 2009, and New Year's Eve Day, Thursday, December 31, 2009.
- We will observe a two-week Christmas break and a one-week Spring Break in March. 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, please check local TV listings for Village Montessori School closings. 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 ZIP CODE

\_\_\_\_\_/\_\_\_\_\_  
 Business Phone # Cell Phone #

**WE APPRECIATE YOUR PATRONAGE**

### OFFICE USE ONLY

Date \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Info. Card \_\_\_\_\_  
 Imm. Card \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Class \_\_\_\_\_