



## ENROLLMENT REGISTRATION INFORMATION

### ENROLLMENT AGREEMENT

Date of Birth: \_\_\_\_\_

Name of Child (Last, First, Middle Initial):

\_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

#### SECTION 1: TUITION AND FEES

\_\_\_\_\_ BASIC SERVICES: I understand that ilnido Montessori provides childcare and development services for families with children 6 weeks to 6 years of age. Enrollment ages may vary by availability.

\_\_\_\_\_ REGISTRATION FEE: I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

\_\_\_\_\_ MATERIALS FEE: Supplies and materials purchased for the school will be charged in August and again in January. (Non-refundable)

\_\_\_\_\_ SCHOOL DRESS CODE: ilnido Montessori Preschool requires that children wear the school uniform daily from Nido Toddlers (16 months) through Preschoolers students. Baby Nido & Infants class are not required to wear school uniform.

The uniform consists of school polo with school logo, available at the school and dark blue or khaki bottoms.

For winter, children should wear the school sweatshirt with logo (blue). Also available at the school.

Shoes should be preferably sneakers with Velcro, no laces unless the child can tie them themselves. The orange t-shirt for summer camp, which can also be used on Fridays.

\_\_\_\_\_ TUITION AND MODIFICATIONS CONDITIONS: \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice, as conditions require. The school follows state-specific required time frames on tuition and modifications notices. I have enrolled my child in the following program(s):

\_\_\_\_\_

Days (Check all that apply):  M  T  W  TH  F

From \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each week (Monday). Appropriate Tuition Fees must be paid during school breaks.

\_\_\_\_\_ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw



my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ AGENCY REIMBURSEMENT: In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information, I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ CHARGES AND PROCEDURE FOR LATE PICK-UP:

The school is open from 7:00 am a.m. to 6:30 p.m. Starting January 2025 the schedule will be 7:00 am – 6:00 pm, Monday through Friday, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of, per child, until the child is picked up.

\_\_\_\_\_ DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child with the lowest tuition rate. This discount is only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_ RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

## **SECTION 2: DAILY PROCEDURES**

\_\_\_\_\_ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the Brightwheel app. Third party child must sign in and out in physical form as well. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures

. \_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the



school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_\_ MODEL RELEASE: The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose

\_\_\_\_\_ PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

\_\_\_\_\_ HOLIDAYS: I understand the school is closed on the following holidays: New Year's Day, Martin Luther King Day, Presidents' Day, as well as Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, and the week of Christmas. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that **no** allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). A tuition fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday and with a doctor's note) with advance notice to the director, with a maximum of two (2) weeks per year. I agree to pay the reservation fee of 50% per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. **I also understand that if I withdraw my child during the school year for a vacation, I will be required to pay the regular tuition for those weeks.**



\_\_\_\_\_ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company’s intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

\_\_\_\_\_ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

\_\_\_\_\_ WAIVER OF JURY TRIAL: IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER AND MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

\_\_\_\_\_ INDIVIDUALIZED CARE PLANS: I understand that should my child have an IEP or IFSP, it should be shared with the director so the school can support my child’s needs.

\_\_\_\_\_ FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_ NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void. These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_