Lighthouse Montessori School Toddler/Early Childhood/Kindergarten Tuition Contract

Full name of student	Program	
My child will be enrolled for half-days	II-days a week. Yearly rate = \$	
The undersigned hereby enrolls the Student Montessori ") for the 2014 - 2015 school yea	e Lighthouse Montessori School, (hereinafter, referred to	as "Lighthouse
	nderstands and agrees that the period of enrollment shall after the school year has begun, from the date of admission	
School has granted to the Student one of a li having accepted one of those limited numbe credit, or remission of registration fees or tuit Lighthouse Montessori and that, in any such	R: The undersigned understands and agrees that Lighthouse do number of placement positions at Lighthouse Montess placement positions, understands and agrees that there was the event of the absence, withdrawal, or exclusion of the ent, this action will in no way change, alter, modify, or revible execution of this Agreement between the undersigned	ori School and will be no refund, ne student from roke the
	r, hereby unconditionally promises to pay the sum of tuition of tuition and reserving a place	
Please check the payment plan you desire:		
☐ 1. A single lump-sum payment of 10	uition.	
☐ 2. A cash payment of 50% of the tuitio	August and the remaining 50% in January of the current sch	nool year.
☐ 3. Ten monthly payments Septembe	ay of the current school year. (due the first school day of	each month)
☐ 4. Other:		,
DISCOUNTS: The following discount is avaione sibling is currently enrolled at Lighthouse	e: 1) A 5% discount off the second (and third) child's tuitiontessori School.	ion, if more than
FEES: The undersigned understands and as \$25.00 late fee will be assessed for tuition pabe assessed for checks that are returned from	s to the following fees: 1) If the 10-payment monthly optents received after the 5 th of the month. 2) A \$25.00 reture bank for non-sufficient funds.	ion is chosen, a ned check fee will
contract, or the last day of the school year, the intent to withdraw and pay the \$500.00 withdraw and p	thdraw their student from the program before the comple will need to do both of the following: Submit a 30-day val fee. child's schedule is considered a withdrawal from this original.	written notice of
ADDENDUM:		
Name of Parent (or other party) responsible	ayments (please print)	
Social Security #:	Birth date:	
AddressStreet Ci	State Zip code Phone	·
Street Ci	State Zip code	
Signed(Signature of Parent (or other	Datev) responsible for payment)	
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Witnessed by: Signed(Signature of S	Date	 Revised 6/23/14
10.3	/	