

Sterling Montessori Academy and Charter School

2010-2011 Before/After Care Agreement Contract

Student's Name (Last)	First	Classroom
Street Address	City	State Zip Home Phone
Mother's Name:	Father's Name:	
Mother's Daytime Phone:	Father's Daytime Phone:	
Mother's Work Phone:	Father's Work Phone:	
Mother's Cell Phone:	Father's Cell Phone:	
Emergency Phone Contact Number:		

START DATE: _____

Please check appropriate box to select desired program(s):			
Program	Annual Tuition (including program fee)	Non Refundable/Non Transferable Program Fee* (per child) (due upon registration)	Monthly Fee (9 months) (per child) (September through May)
<input type="checkbox"/> Before Care	\$1620.00	\$162.00	\$162.00
<input type="checkbox"/> After Care	\$2400.00	\$240.00	\$240.00
<input type="checkbox"/> Before and After Care	\$3770.00	\$377.00	\$377.00

This is an annual contract that is from August 23, 2010 until June 16, 2011. If you start after August 23, 2010 or withdrawal before June 16, 2011, your tuition will be pro-rated based on the actual number of days your child is enrolled. If for any reason a student withdraws or is required to withdraw after the start of the 2010-2011 academic year **a 30 day written withdrawal notification is required** and all due fees are due through that date. Re-entry into the program will require a new registration and re-entry cannot be guaranteed. It is on a space available basis.

Payment is due by the first of each month. A late fee of \$25 is assessed by the 9th day of the month. After 30 days, notification will be made that the account is in arrears. Payment in full is expected within 15 days of notification for the child to be eligible to continue in the program. Should a balance still remain by the 60th day, notification will be made that the child is no longer eligible to attend the program. By signing this contract, I agree to the conditions herein.

Tuition payments can be automatically withdrawn from your bank account. Please complete the attached form and return to Kelly Lockheed, Director of Admissions.

Monthly Fee due in the amount of \$_____ for service(s) requested above.
 Program Fee due in the amount of \$_____.

 Parent Signature

 Date

 Registrar's Signature

 Date

Please contact Kelly Lockheed (919)462-8889 x 419, should you have any questions or concerns.