

SUNNYBROOK MONTESSORI SCHOOL

1005 5th AVE NW, Issaquah, WA 98027, 425-392-4087, info@sunnybrookmont.org

Enrollment Application

Please complete for your child's Registration and return with the non-refundable Registration Fee and the Deposit (applies to last month/June tuition appropriate for your program). A copy will be returned to you for your records. Sunnybrook Montessori practices a policy of open enrollment. Students are admitted to the program as space allows without regard to race, religion, gender, disability or national origin.

Child's Name: First _____ Middle _____ Last _____ Birthday: ____/____/____
Address: _____ City _____ Zip code _____ Gender: M F Age: _____
LAST PHYSICAL CHECK UP Date: ____/____/____

Parent /Guardian's Name: _____ SS# _____ Address (if differs): _____
E-mail: _____ Employer Name _____ Position _____
Day Phone _____ Eve Phone _____ Cellular Phone _____

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ENROLLMENT AGREEMENT

- I am enrolling my child named above for 20..... - 20..... School Year in the following program (select Program Option)
 Early Preschool Preschool/Pre-K Pre-K/Kindergarten at the Monthly Tuition Rate \$ _____
My child will attend (Circle one): **Mon** **Tue** **Wed** **Thurs** **Fri** from ____am to ____pm.
- I am enrolling my child in Sunnybrook Montessori Extended Care Program (select Extended Care Option)
 AM Extended Care with drop-off time at ____am
 PM Extended Care with pick-up time at ____pm
 NO Extended Care

The non-refundable Registration Fee and the Deposit (June tuition) are due at the time of registration, dated on this contract.

TUITION PAYMENT PLAN

I understand all payments and charges for each student are due on the date specified by the contract regardless of student attendance schedule or holiday closers. Any payment not received by the due date will be assessed a late fee of **\$20.00** per day. Additional fees are per child and per occurrence, as listed in the Parent Handbook. Should Sunnybrook Montessori incur any expenses, including reasonable attorney fees or other costs in the collection of the past due accounts, I will be obligated to pay all costs or fees so incurred. I understand and agree that if my check is returned for any reason, an additional processing fee of **\$50.00** will be charged.

I agree to pay my child's charges and tuition per the following payment plan (Mark One):

Semi-monthly (due on 25th for 1ST half of the month, on 10th for 2ND half of the month) Monthly (due on 1st of each month)

WITHDRAWAL

In the event that I wish to withdraw my child from Sunnybrook Montessori, I agree to provide Sunnybrook Montessori with 30 day written notice to avoid 100% of the following month tuition to be due. No partial monthly payments are granted. In the event that I do not provide such notice, I agree to pay all tuition owed according to the above listed guidelines. I understand verbal withdrawal notices are not accepted. I understand Sunnybrook Montessori reserves the right to dismiss any student at any time with or without cause, at Sunnybrook Montessori's sole discretion. I understand this form is a legal and binding contract to enroll my child at Sunnybrook Montessori, and agree to the conditions therein, including that my **Registration Fee and Deposit is non-refundable**. I also understand services may be terminated if tuition and fees are not paid in accordance with the terms and conditions of the Parent Handbook. By signing this contract, I further acknowledge that I am required by Washington State Law (WAC246-100-166) to submit a signed current immunization form to Sunnybrook Montessori before my child will be allowed to attend school.

_____ Parent/Guardian Signature	_____ Print Name	_____ Relationship to Child	_____ Date
_____ Parent/Guardian Signature	_____ Print Name	_____ Relationship to Child	_____ Date

For Office Use Only: Date accepted: ____/____/____ by _____, Student to start on ____/____/____
Payment Record: Registration Fee \$ _____, Deposit/June Month \$ _____, First Month Tuition \$ _____, Ch # _____
Pass Point Card # _____ \$25, MEMO: _____