

WATERFORD MONTESSORI ACADEMY

4860 Midland Ave.
Waterford, MI 48329

Tel: 248-674-2400 • Fax: 248-674-2424

2019-2020 Pre-Primary Enrollment

Application/Agreement

PLEASE PRINT ALL INFORMATION

This box for office use only

Date Submitted: _____

Required Documentation:

1. Immunization Record
2. Custody Verification (if applicable)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Does your child have an active IEP for Special Education Services? YES NO (If yes, you must provide a copy of the most recent IEP service information.)

Programs (Please Select One)

A. Pre-Primary Five Half Day Program \$4,200.00
(8:30 a.m. – 11:30 a.m.)

B. Pre-Primary Five Full Day Program \$7,470.00
(8:30 a.m. – 3:30 p.m.)

FOR OFFICE USE ONLY

Deposit Date: _____

Method of Payment:

Check Cash

Notes: _____

PLEASE ENCLOSE WITH YOUR APPLICATION A \$235.00 DEPOSIT FOR PROGRAM A, OR A \$415.00 DEPOSIT FOR PROGRAM B. PRORITY ENROLLMENT WILL BE GIVEN TO FULL DAY APPLICANTS. ENROLLMENT IN THE PRE-PRIMARY PROGRAM DOES NOT GUARANTEE FUTURE ENROLLMENT IN THE WMA KINDERGARTEN PROGRAM.

Father's Full Name: _____

Address (if different from student): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Mother's Full Name: _____

Address (if different from student): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Tuition Plans (Please Select One)

Payment Plan 1 Tuition paid in two (2) installments of \$1,982.50 for Program A, and \$3,527.50 for Program B, on August 15, 2019 and January 15, 2020

Payment Plan 2 Tuition paid in eighteen (18) Bi-weekly installments of \$235.00 for Program A, and \$415.00 for Program B, August 30, 2019 thru May 15, 2020. (Includes a \$265.00 payment plan charge for Program A, or a \$415.00 payment plan charge for Program B)

Waterford Montessori Academy does not discriminate on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age (except as authorized by law), religion, military status, ancestry or genetic information in its educational programs or activities.

1. How did you hear about Waterford Montessori Academy?

2. Why have you chosen to enroll your child in Waterford Montessori Academy?

3. Has your child experienced any difficulties in previous pre-primary settings, such as comprehension problems, attention problems, or social/behavioral/emotional problems?

As the parent or legal guardian of the student referred to on this agreement hereof or person who assumes the financial obligation herein, I understand and agree to the following:

Teachers are employed and materials are purchased when students are enrolled. Therefore, the period of enrollment, tuition responsibility, and duration of this Agreement shall be binding for the entire school year, unless withdrawal of the student is made by no later than August 15, 2019. In the case of a student enrolling after the school year has begun, the period of enrollment, tuition responsibility, and duration of this Agreement shall be binding from the date of enrollment to the end of the school year.

Failure to fulfill the terms of this agreement, including but not limited to making the payments required hereby, will constitute default. Cost of any kind incurred by Waterford Montessori Academy in connection with the collection of amounts due will be the responsibility of the parent, guardian, or person assuming financial responsibility.

Waterford Montessori Academy reserves the right to ask for withdrawal of your child if any of the following occur:

- Non-payment of tuition for 60 days
- Repeated failure of the child or child's parents to follow the rules and policies as established for the safety of all our children and personnel
- We are unable to meet the needs of your child in our program (in such instance, we will help you place your child in a more suitable environment.)

1. We agree to release Waterford Montessori Academy, its board, employees and volunteers from all claims, causes of action, damages, liabilities, and losses arising out of, or resulting from, our child's participation in Waterford Montessori Academy programs to the extent permitted by law, except for acts or omissions involving willful conduct by a board member, employee or volunteer of Waterford Montessori Academy.
2. We permit Waterford Montessori Academy to use photography, films, videotapes, and other facsimiles taken of our child at school, to be used in school brochures, videotapes, newsletters, slide presentations, web sites and other publications concerning and/or promoting Waterford Montessori Academy. We also relinquish any rights to examine and approve the completed materials prior to publication.
3. We agree to supply a nutritionally balanced noon meal and beverage for our child each day, if applicable, and a classroom snack as per our child's class snack schedule.

I have read and understand, accept, and agree to the terms and conditions on all pages of this agreement.

Signature of Father: _____ SS#: _____

Signature of Mother: _____ SS#: _____