

Amount Received: _____

Received by: _____

Date Received: _____



ALFRED MONTESSORI SCHOOL PAYMENT AGREEMENT SCHOOL AGE PROGRAM

The School Age Program Registration Fees:

Single Child School - Age Registration:	\$40 per year
Family School - Age Registration:	\$50 per year

In signing this agreement I agree and understand:

Please initial each:

_____ to pay \$4.65 per hour tuition for the School Age Program during the school year. Each month there will be a minimum charge of \$62 and will only be applied if you have not used \$62 worth of care for the entire month.

_____ that the yearly registration fee of \$40/single or \$50/family is non-refundable.

_____ the terms of enrollment and will pay the fees for my child to attend the Alfred Montessori School's School Age Program. I understand that adjustments can only be made in case of a disability, a move beyond 75 miles from Alfred, or the Director's determination of an unsatisfactory adjustment of my child to the school.

_____ to pay the fees for my child, in full, by the 25th of each month following care. If payment is not made by that date I will pay a late charge of \$25.

_____ that children will be allowed to re-enroll for upcoming, consecutive sessions only if parent accounts are currently paid in full.

_____ to read, become familiar with, and abide by the AMS Parent Handbook.

_____ to pay the Late Registration Fee of \$50 per child, after August 17, 2016.

Student Name _____

Date of Birth _____

Parent/Guardian Name _____

Signature _____

Date _____