



Montessori Cares
 1065 NE 25th Ave
 Hillsboro, OR 97124
 503-430-5177

Enrollment Request Form

Candidate's Name: _____

Date: _____

Mother/Guardian's Name:	
Father/Guardian's Name:	

Enrollment

- I hereby apply for admission for my child, _____ to Montessori Cares School, starting from _____. My child's Date of birth is _____. I agree to pay the school tuition for the year in the amount of _____, according to the plan selected below:

Please select timings and specify payment options.

Timings	Annual Tuition	Discounted One Time Annual Payment	12 Monthly Installments
2-3 Years Old			
8:00 am to 5:30 pm	\$13,877	\$13,461	\$1,156
8:30 am to 12:30 pm	\$9,684	\$9,393	\$807
12:30 to 5:00 pm	\$9,684	\$9,393	\$807

Timings	Annual Tuition	Discounted One Time Annual Payment	12 Monthly Installments
3 Years-Kindergarten			
8:00 am to 5:30 pm	\$13,744	\$13,469	\$1,145
8:30 am to 4:00 pm	\$9,591	\$9,399	\$799
8:30 to 2:00 pm	\$9,591	\$9,399	\$799

Timings	Annual Tuition	Discounted One Time Annual Payment	12 Monthly Installments
6-7 Years Old			
8:00 am to 5:30 pm	\$13,332	\$12,665	\$1,111
8:30 am to 4:00 pm	\$11,226	\$10,665	\$935
8:30 to 2:00 pm	\$7,719	\$7,333	\$643

Date: _____

Candidate's Name: _____

- All necessary enrollment forms need to be completed, signed and returned to Montessori Cares to finalize the enrollment. All candidates have a visit/interview with the director as a process of enrollment.
- Montessori cares is a year round school. The enrollment duration is from September of a year to the August of next year.
- If enrolling in the middle of the school year, the tuition will be prorated to the remaining months of the school year.

Tuition, Fees and other Support:

- Meals, snacks, school supplies, classroom supplies and other activities like field trips are free of charge.
- First and last month's tuition is due at the time of enrollment. The last month's fee will be applied to the student's last month at Montessori Cares.
- There is a \$150.00 non-refundable fee due at the time of enrollment application submittal.
- To take advantage of the discounted tuition, a single payment in full needs to be made by the 1st of August to start in the fall session.
- Monthly installments are due on the first of the month and late after 4th of the month.
- A \$50.00 late fee will apply at the 5th of the month and \$10.00 will be added to the due amount every late day after the 5th of the month.
- All bounced check will result in \$50.00 NSF fee charge.
- Tuition checks must have the accurate and current date.
- Parents agree to chaperone for the school field trips.

Parent/Guardian's Signature(s): _____ Date: _____

_____ Date: _____

Administrator's Signature: _____ Date: _____

Date: _____

Candidate's Name: _____

School Hours of Attendance

- Drop off and Pickup times are based on the selected timings.
- A 10 minute window is provided free of charge for drop off and pickup.
- Any attendance outside the above range will be considered Extra Service and will be at the rate of ten (\$10.00) dollars per hour.
- Extra Service charges are due and to be paid in cash at the pick time. Extra Service charges will be billed at \$15.00 an hour if not paid at the pickup time.
- Montessori Cares will not make up any time that the school is forced to close due to circumstances beyond the school's control.

Withdrawal

- First 30 days are the trial period. Attending the program beyond thirty days will make the candidate a permanent enrollment.
- The last month's tuition will be reimbursed if the enrollment discontinues within the trail period.
- Once becoming a permanent student, a 45 day notice is required in writing by the guardians/parents.
- A forty-five days' tuition is due at the time of the withdrawal notice. Forty-five (45) day will be counted from the day Montessori Cares is notified of the withdrawal notice accompanied by the remaining balance of due tuition, if any.
- The last month's tuition will be applied towards the first 30 days of the 45 day withdrawal notice period.
- No prorate/discount will be given or applied towards sick days, closure due to weather, personal vacations, holidays etc.
- If One Time Annual discount payment option was taken, any reimbursement will be provided after deducting the 45 days tuition as well as any discount applied during 12 months of attendance.
- Any discounts will be due for reimbursements if withdrawal occurs before the completion of 12 months of attendance.
- All discounts will be due for payment if withdrawal notice is given during first 12 months of attendance.
- Montessori Cares retains the right to refuse the service or terminate the contract if there is a lack of cooperation between adults or if the administration determines that the school can not fit the needs of the family or the student.

Special Needs

- The Montessori Cares School welcomes children from families of all races, creeds, religions, and national origins. We welcome and work with children with special needs collaborating with the Early Intervention Program and et al (Northwest ESD) with the parents' permission or request.

Arbitration

- In the event that any dispute cannot be resolved amicably between Montessori Care and the parents/guardian, such dispute shall be submitted for binding arbitration before the child Care Division sitting in Portland, Oregon. One arbitrator from the panel shall conduct the arbitration, or arbitrators supplied by said Association. The arbitration award shall include costs and a reasonable sum for the attorney's fees incurred by the prevailing party in such arbitration. Any court of competent jurisdiction may confirm any award made in such arbitration.

Renewal

- Contracts are automatically renewed each year by attending the session in the fall.
- Contracts can be reviewed and are subjected to change, and may only be amended by written document signed by both parties.
- Contracts are amended annually with the exception of major changes in licensing.

As parents/ guardians of the candidate named above we do hereby acknowledge and agree with the Enrollment Contract Policy in order to be accepted for enrollment at Montessori Cares School Hillsboro.

Parent/Guardian's Signature(s): _____ Date: _____

_____ Date: _____

Administrator's Signature: _____ Date: _____

Date: _____

Candidate's Name: _____

IN CONSIDERATION OF THE ACCEPTANCE OF MY CHILD AS A STUDENT AT *MONTESSORI CARES*:

- a) I /we, the undersigned, agree to hold harmless and indemnify the Preschool, Personnel, and staff of the Montessori Cares against any and all claims made by or on behalf of:

Child's Full Legal Name

- b) I/we have read and fully understand the above Policies and Procedures.
- c) I/we understand all our obligations stated in this contract.
- d) I/we understand and agree that in the event I/we default on any payments herein agreed to be paid, the entire balance owing shall become immediately due and payable. In the event it becomes necessary to engage an attorney, collection agency or institute, legal action to enforce the terms of this Contract, I/we shall be liable to pay all collection agency fees, attorney fees and costs incurred by the Montessori Cares.

Mother/Guardian's Signature: _____ Date: _____

Father/Guardian's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Date: _____

Candidate's Name: _____

**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS**

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care facility with/without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the license's public file kept by the licensing office.
3. Review, at the childcare facility, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care facility without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care facility, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Child Care Division in Oregon

Licensing Office Address: PO Box 14050
Salem, OR 97309-4050

Licensing Office Phone Number: 503-526-2728