

ENROLLMENT AGREEMENT

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian's Full Name: _____

Please read each section below, **initial then sign and date the last page.**

Tuition and Fees

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee shall be paid in advance to enroll my child.

_____ **SUPPLY FEE:** I understand that a non-refundable Supply Fee shall be paid in advance each semester, in August and January, to enroll my child.

_____ **SECURITY DEPOSIT:** I understand a security deposit is due on the first day of school. It will be applied toward the last month's tuition; therefore, a 30-day written withdrawal notice is required. The security deposit will become non-refundable if the 30-day written notice is not provided.

_____ **TUITION:** I understand the current tuition rate for the program I have chosen. I understand that rates are subject to change.

_____ **PAYMENT OF TUITION:** I understand that tuition is structured on an annual school-year basis, with payments due in full by the 1st of each month. During the summer, a weekly tuition plan will be offered. Monthly tuition will not be prorated for absences due to vacations, illness, emergency closures, or school holidays.

_____ **LATE OR UNPAID TUITION:** I understand a late fee of \$30 plus \$5 per day will be charged after the fifth (5th) day of the month. If payment is not received by the tenth (10th), the student will be withdrawn from school, and a re-registration fee will be required to re-enroll. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **EARLY DROP-OFF AND LATE PICK-UP:** A fee of \$1.00 per minute will be applied to your account for early drop-offs or late pick-ups during regular school hours. For pick-ups after 6:30 p.m., an additional fee of \$15 will be charged, plus \$1.00 for each minute beyond the scheduled closing time.

_____ **RETURNED CHECKS:** A \$35 fee will be charged for each returned check. If a check is returned, all future tuition payments must be made by money order or cashier's check.

Operational Procedures

_____ **Sign In and Sign Out:** I agree to sign my child in and out every day using the school's attendance procedure.

_____ **ILLNESS:** I understand that I will be notified if my child becomes ill during the day and will ensure that my child is picked up promptly, either by me or an authorized emergency contact. Additionally, I agree to inform the school if my child is exposed to or diagnosed with a contagious disease and understand that my child may return to school only with a doctor's clearance.

_____ **MEDICAL ATTENTION:** I understand that in the event of a serious accident or illness, parents will be responsible for any and all medical expenses. Veranda Montessori School will not be liable for any said expenses.

_____ **PHOTO RELEASE:** I give permission to photograph and record my child on school property, school sponsored events and field trips. I understand these photos and videos may be used in classroom decoration, newsletters, school's social media pages, and website. I understand that the photographs, digital images, or video segments may be used in print or electronic media for advertising purpose.

_____ **PRIVACY AGREEMENT:** I agree not to post or use any photographs or videos taken at school or school-sponsored events that include children other than my own child(ren) in print, electronic media, social media, or any other format. This agreement extends to photos or videos taken by any member of my family or visitors I bring to school or its sponsored events.

_____ **WITHDRAWAL:** I understand that a thirty (30)-day written notice of withdrawal from the program is required, and verbal communication will not satisfy this requirement. If notice of withdrawal is given mid-month, the full tuition for the following month will still be due. Additionally, I understand that if my child is withdrawn, I will need to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee, Supply Fee, and security deposit upon re-enrollment.

_____ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ **DRESS CODE:** I understand that my child is required to wear a school uniform from Monday to Thursday, while Friday will be a free dress day.

_____ **VISION & HEARING:** hearing and Vision screening as required by childcare licensing laws in school policy. All children four years old and older are required to be screened for hearing and vision.

Holidays, Closing and Absence

_____ **HOLIDAYS:** I understand the school is closed on the holidays listed on School Calendar. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to notify the school if my child will be absent on any day. I understand that no credits, refunds, or make-up days will be provided for absences, and my regularly contracted tuition is due in full for the entire month. Additionally, I understand that if I withdraw my child during a vacation or extended absence, my child's placement is not guaranteed. Upon return, I will be required to pay a new non-refundable registration fee, supply fee, and security deposit.

_____ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that the school will make every effort to remain open and provide childcare services on weekdays throughout the year, excluding holidays. However, I acknowledge that inclement weather, natural or national disasters, or significant building issues may occasionally disrupt services. I agree that in the event of an extended closure, I will remain responsible for my tuition payments.

STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that above policies are not an all-inclusive list of policies and that my child, my family members, authorized agents and I are bound by state child care regulations, Family Handbook, and school policies.

_____ **WAIVER OF JURY TRIAL:** If a dispute arises out of or relates in any way to our services or this agreement, we encourage you to attempt to resolve such matter in good faith directly with management. However, if the dispute cannot be resolved amicably, you agree to irrevocably and unconditionally waive, to the fullest extent permitted by applicable law, any right you may have to a trial by jury in any legal action, proceeding, cause of action or counterclaim arising out of or relating to our services or this agreement, including any exhibits, schedules, and appendices that are part of this agreement, or the transactions contemplated hereby. You acknowledge that you have considered the implication of this waiver and make this waiver knowingly and voluntarily.

Emergency Management

_____ **EMERGENCY MANAGEMENT:** I understand that an Emergency Management Plan is available at the school for my review at any time and in the event of an emergency where it becomes necessary to remove children from the school property, the children will be evacuated to: **Maxine Phelan Elementary School** at 1600 Great Blue Heron Ln, Richmond, TX 77469; (832) 223-6300

_____ **EVACUATING CHILDREN UNDER 24 MONTHS:** I understand that children under the age of 24 months will be assisted in the evacuation of the building by members of management; that non-mobile children will be evacuated with the use of an evacuation crib.

_____ **EMERGENCY NOTIFICATIONS:** I understand that in the event of an emergency, I will be notified of the situation as soon as possible and may be asked to pick up my child at the evacuation site. Designated safe areas, both inside and outside the school, as well as evacuation routes, are posted in my child’s classroom. Emergency drills are conducted monthly.

I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____