



School Policies

Start date: If the child does not start school with GoodEarth Montessori School on the start date given by the parent, the child's enrollment will be automatically dropped. The parent may choose to proceed with the enrollment on a different date and if the space is available, the parent can re-register but will be required to pay the registration fee again. _____ Initials.

Student File: Students file must be completed before the child's first day of school including Physician's Report and Immunizations. Without a Physician's Report and complete Immunizations, a child will not be able to start, and tuition will not be prorated. _____ Initials

NapTime: Licensing requires for the children to lie down for one hour. Any child who naps should bring a crib sheet and an appropriate blanket size to cover his/her body (not too long/short). _____ Initials.

Terms of Payment and Returned Payment Fee: Tuition fees are due on the 1st of each month and are late after the 5th of the month. We accept check, cash, or Tuition Express. Checks are payable to GoodEarth Montessori School. A \$25 fee is charged on all checks returned by the bank. _____ Initials.

Late Payment: A late fee of \$25 will be charged for any late payments after the 5th of the month. Tuition with late payment of \$25 must be submitted and cleared by the 15th of the month. Child's enrollment will be terminated if payment is not submitted by the 15th of the month. _____ Initials.

Termination: GoodEarth Montessori School reserves the right to terminate the enrollment of any child who in its judgment is not benefiting from the program, due to child's behavior, or if a parent, parents, or guardians violate any school policies and procedures. No tuition refund will be given. _____ Initials.

Credit/Refunds: No credit, refund, or make-up days are given for emergencies, absences, illness, vacations, or holidays. The school will not reserve a space for a child for any reason unless payment is submitted for the days of absence, vacation, or illness. The child will be re-enrolled if space is available. If school is shutdown or must close due to circumstances beyond school's control, no credits or refunds will be issued. _____ Initials.

Before and After Pickup Charges: The school operates from 6:30AM to 6:30PM Monday through Friday. Children must be dropped off and picked up per their schedule. A flat fee of \$15 an hour will be charged for early drop off and/or late pick-up. For children picked up after 6:30PM, there will be starting \$2 per minute late charge for the 1st occurrence. Additional fees will be added to the next occurrences. _____ Initials.

Holidays and Staff Development Days: The school is closed (see School Calendar) on Labor Day, Veteran's Day, Thanksgiving, Christmas holidays, New Year's Day, Martin L. King Day, President's Day, Memorial Day, Independence Day, 2 days in a year for Teacher Prep Day. School reserves the right to make changes to the days off. The tuition will not be prorated. _____ Initials.

Vacation: A two- week notice is required when a child goes on vacation for 10 consecutive school days or more. If tuition is prorated, the school will not reserve space for your child and will be considered as a withdrawal unless the monthly tuition is paid in full for days of absences. To re-enroll your child after vacation, the tuition and registration fee will be required. _____ Initials.

Withdrawal: A 2-week notice is required to withdraw a child from the school. _____ Initials.

Medical, Dental And Related Expenses: The school will not be responsible for any medical, dental, or related medical expenses including Ambulance expenses if the child gets injured at school. Parents or Guardians will be responsible for all medical, and all related medical expenses. _____ Initials

Incidental Medical Services: You will be given a Plan of Operation clarifying school procedures in administration of Epi Pen and Nebulizer Medication. _____ Initials.

State Licensing: The state licensing agency has the right to review child or facility records and files without prior consent. When necessary the agency may interview a child or parent with or without permission from the school. _____ Initials.

I have read, understand, agree to all the terms and conditions outlined in this form

Signature of Parent or Guardian **Date**

Signature of Parent or Guardian **Date**

For Office use only:

Payment Received: _____(Cash/Check)
Payment Received Date: _____

Start Date: _____
Classroom: _____