

**Teton View Montessori
Official Contract for Secondary Education**

Child's Name: _____ | Child's Birthday: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____ City, State, Zip _____

Email Address: _____

Class Schedule

Monday – Wednesday 8:15 a.m. – 3:15 p.m. & Thursday 8:15 a.m. – 12:15 p.m.

Tuition and Payment Schedule (please select one of the following)

Full-day Schedule: \$5000/year with a payment of \$555/month due on the 1st day of each month for the Months of September to May

Full-day Schedule: \$5000/year with a payment of \$417/month due on the 1st day of each month for the Full Year (September – August (including the 3 months that children are not in school)

Tuition payments are due the 1st day of the month with the final payment due on May 1 or on August 1 depending upon which payment schedule you select above. Tuition can be paid by cash, check or via Venmo. Tuition costs includes healthy snacks (1 for half-day students and 2 for full-day students), fieldtrips, and guest speakers.

There is a non-refundable \$250 Registration and Supply Fee that is due at the time of registering your child. This fee includes all supplies needed for the student throughout the year. A deposit of the amount of your monthly tuition is also due at the time of registration. This deposit will be applied to your last months' payment. No tuition refunds will be given for missed days (family vacations, sick days, snow days, etc.).

A \$25 late fee will be charged (per day) for any payment received after the 10th of the month. A \$35 re-submission fee will be charged for any returned checks. Failure to pay can result in sending your information to collections.

Parent or Guardian Signature: _____

Printed Name of Parent or Guardian: _____

Primary Parental Contact for Student: _____

Primary Cell Phone Number for Communication Purposes: _____

**Teton View Montessori
Secondary Education Form**

I hereby enroll _____ (Student's name) for the 2024-2025 school year commencing on Tuesday, September 3, 2024, in the program described and under the terms of the contract.

Signature of Parent or Guardian:

Printed Name of Parent or Guardian:

Date:

Please initial every paragraph to indicate that you understand and agree:

_____ I will notify the teacher of any changes to my child's diet or schedule.

_____ I understand that as a parent or legal guardian, I assume all financial responsibilities for monies due such as deposits, tuition, and that late fees will come into and understand that late fees will come into play if delinquent on payment schedule.

_____ I understand that I am enrolling my child for a full year and have read and understood the terms and conditions laid out in the contract.

_____ I approve my child to play on the playground equipment and understand that they may return home dirty from exploring their environment.

_____ I will support the enrichment day activities and volunteer if my schedule allows.

_____ I will plan to drop off and pick up my child at the designated start and finish times.

_____ If I am unable to pick up my child, I will notify the teacher of the name and contact information for the person picking up my child. This will help us keep your child safe!

_____ I understand that I am enrolling my child for the entire academic year (September – May). If an unforeseen circumstance occurs and I need to withdraw my child from school, I understand that I may still be required to pay tuition for the entire academic year. I can submit written notice to the administration 30 days prior to withdrawal to determine if my tuition rate may be reduced.

Please submit enrollment documentation, \$150 registration and supply fee, and deposit to:

Teton View Montessori
C/O Lexi Fuhriman
206 North 2356 East
St. Anthony ID 83445

Venmo: @Lexi-Fuhriman

Email: lexifuhriman77@gmail.com

Phone: (208) 497-8809