Teton View Montessori Official Contract for Early Childhood Class

Child's Name:	Child's Birthday:	
Mother's Name:	Cell Phone:	
Father's Name:	Cell Phone:	
Address:	City, State, Zip	
Email Address:		
Month for the Entire Year (including the Monday – Wednesday 8:30 a.m 3:00 p.m. & T Half-day Schedule (\$3400/year with a payment Monday – Thursday 8:30 a.m. – 11:30 a.m. Tuition payments are due the 1st day of the month with the	of \$555/month due on the 1 st day of the month Thursday 8:30 a.m. – 11:30 a.m. of \$417/month for a year due on the 1 st day of each 3 months children are not in school) Thursday 8:30 a.m. – 11:30 a.m. of \$378/month due on the first day of the month) the final payment due on May 1 or on August 1	
depending upon which payment schedule you select about Tuition costs includes healthy snacks (1 for half-day stu speakers.	±	
There is a non-refundable \$150 Registration and Supply This fee includes all supplies needed for the student thromonthly tuition is also due at the time of registration. The No tuition refunds will be given for missed days (family	oughout the year. A deposit of the amount of your nis deposit will be applied to your last months' payment.	
A \$25 late fee will be charged (per day) for any payment submission fee will be charged for any returned checks. collections.	at received after the 10 th of the month. A \$35 re- Failure to pay can result in sending your information to	
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 Early Childhood Enrollment Form

I hereby	by enroll (Student's name) for the 2024-2025 school year	
comme	encing on Tuesday, September 3, 2024 in the program described and under the terms of the contr	act.
Signa	ature of Parent or Guardian:	
Printe	ted Name of Parent or Guardian:	
Date:	»: 	
Please i	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 such as deposits, tuition, and that late fees will come into and understand that late fees will complay if delinquent on payment schedule.	
	I understand that I am enrolling my child for a full year and have read and understood the terms conditions laid out in the contract.	s and
	I approve my child to play on the playground equipment and understand that they may return he dirty from exploring their environment.	me
	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 person picking up my child. This will help us keep your child safe!	for the
1	I understand that I am enrolling my child for the entire academic year (September – May). If ar unforeseen circumstance occurs and I need to withdraw my child from school, I understand that 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