

The Sammamish Montessori School -- 2010 Summer School Registration Tuition, Fees and Payment Schedule

Child's Name:	Mother's Name:		
Address:	Mother's Work/Cell #	Date of birth:	Gender:
City, Zip:	Father's Name:	Allergies:	
Home Phone:	Father's Work/Cell#		
Authorized for Pick-up:			

Please check the box to indicate your choice of classes. Choose only one morning class and/or one afternoon class for each session. If you plan to use any daycare (Early Birds or After School Club), please circle the days of the week you plan to use. Daytime Clubroom is available August 23 through August 31. A sign up sheet will be posted for sign up in advance of that time.

Week(s)	Early Birds: 7-9AM	Morning: 9-11:30AM	Afternoon: 12:45-3:15PM	After School Club: 3:15-6:15PM
Session 1 June 14 to June 25	M T W Th F week 1 M T W Th F week 2 Estimated drop-off ___	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Dinosaurs (Dykstra) Or <input type="checkbox"/> Fun in the Sun (Hansen) Or <input type="checkbox"/> India and Beyond (Gupta/Shridhar)	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Discovering Science (Otter/Koenig) Or <input type="checkbox"/> Olympics/Greece (Soroor) Or <input type="checkbox"/> Pets Galore (Burden)	M T W Th F week 1 M T W Th F week 2 Estimated pickup _____
Session 2 June 28 to July 9	M T W Th F week 1 M T W Th F week 2 Estimated drop-off ___	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Aloha Hawaii (Ehigh/Howling) Or <input type="checkbox"/> Lego Crazy (Dietrich/Goodman) Or <input type="checkbox"/> Raining Cats & Dogs (Hitzheimer/Burden)	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Fun & Games (Hansen) Or <input type="checkbox"/> A Stitch in Time (Dietrich/Goodman) Or <input type="checkbox"/> Woodworking (Soroor)	M T W Th F week 1 M T W Th F week 2 Estimated pickup _____
Session 3 July 12 to July 23	M T W Th F week 1 M T W Th F week 2 Estimated drop-off ___	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Fun in the Sun (Hansen) Or <input type="checkbox"/> Little Footprints (Koenig/Goodman) Or <input type="checkbox"/> Spelling Bee (Ang/Dietrich)	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Little Chefs (Koenig/Lagarde) Or <input type="checkbox"/> Money Math (Ang/Lee) Or <input type="checkbox"/> Sports Camp (Hansen)	M T W Th F week 1 M T W Th F week 2 Estimated pickup _____
Session 4 July 26 to Aug. 6	M T W Th F week 1 M T W Th F week 2 Estimated drop-off ___	<input type="checkbox"/> Montessori Or <input type="checkbox"/> It's Magic (Goodman/Hansen) Or <input type="checkbox"/> Spanish (Calcagno/Concha) Or <input type="checkbox"/> Whales/Sharks (Olaru/Sypert)	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Bugtown (Muldowney) Or <input type="checkbox"/> Fun & Games (Hansen) Or <input type="checkbox"/> Middle Ages (Koenig)	M T W Th F week 1 M T W Th F week 2 Estimated pickup _____
Session 5 Aug. 9 to Aug. 20	M T W Th F week 1 M T W Th F week 2 Estimated drop-off ___	<input type="checkbox"/> Montessori Or <input type="checkbox"/> All About Food (Haslam) Or <input type="checkbox"/> Ancient Egypt (Muldowney) Or <input type="checkbox"/> Fun & Games (Hansen)	<input type="checkbox"/> Montessori Or <input type="checkbox"/> Habitats of the World (Muldowney) Or <input type="checkbox"/> Jump Ropes & Jacks (Koenig) Or <input type="checkbox"/> The Theater (Hansen)	M T W Th F week 1 M T W Th F week 2 Estimated pickup _____

- If a class is full please put my child in another available class and onto the waiting list for my first choice. Please only put my child on the waiting list if my first choice is full.
- I would like my child to come early or stay late for lunch (if attending half day). Lunch is from 11:30 AM to 12:30 PM and is on a space available basis for half-day students. (\$11/hour)

Field Trips: I authorize my child to participate in school field trips. I understand that I shall be given prior notice of each trip.

Photo Authorization: I allow my child to be photographed in the classroom, on school field trips or during other school functions. I give permission for any photographs to be used in SMS newsletters, SMS website, during SMS presentations, in other SMS publications, or made available to other SMS parents.

Agreement to Terms & Conditions: I understand and agree to the terms and conditions described in the registration, tuition, fees and payment schedule on the reverse of this form.

Parent Signature _____ Date: _____ Child's Last Name: _____

Summer Office Hours:

The office is staffed from 8:30AM to 1PM from June 14 through August 20. Regular office hours (8:30 AM to 4 PM) resume Monday, August 23, 2010.

Payment Terms and Due Dates:

The registration fee is due upon registration along with payment for the first two classes you register for. Any remaining balance of payment is due on June 1st for any and all classes that begin in June and for June unlimited After School Club. Any remaining balance of payment is due on July 1st for any and all classes that begin in July and for July unlimited After School Club. Any remaining balance of payment is due on August 1st for any and all classes that begin in August and for August unlimited After School Club.

A bill for any hourly daycare used will be generated at the end of the month and is due within 7 days of the invoice date.

Please note that to secure your child's spot in any class or daycare your account must be paid up-to-date and must remain so throughout the summer. A past-due account balance may forfeit your child's spot in class.

Summer Fee Schedule

Discovery Units: \$295

Non-refundable registration: \$65 per child

Montessori Classes: \$285

Daycare: \$11 per hour used, rounded up in quarter-hour increments

Early Birds Unlimited: \$ 200/mo.

After School Club Unlimited: \$320/mo.

Change/Drop fee: \$25 per change request (applies for each class dropped or switched to another after registration)

Class refunds: Tuition refunds are only given if written notice is provided at least two weeks prior to the start of class. Refunds will be reduced by change/drop fees for each class changed or dropped.

Sibling Discount:

A 5% discount will apply to each student of families who enroll two or more children for the same week in Montessori or Discovery classes.

Payment Methods:

For your convenience, we accept cash, checks, or credit cards (in-person, by phone, or recurring if pre-authorized). A credit card authorization form is included in this packet. No state funding (direct or indirect) will be accepted as payment. In the event that more than one party assumes financial responsibility for tuition and other charges, all such parties must sign this registration contract. If only one signature is provided, that individual assumes full financial responsibility.

Cancellation and Change Policy:

We understand that sometimes schedules change and we are happy to accommodate you as best we can. However because changes to your child's schedule after enrollment create a ripple effect on other children's schedules, inconvenience other families, and often result in under-enrollment in a class that may initially have had a waiting list, **a \$25 Change/Drop fee applies for each class dropped. A minimum of two-weeks advance written notice is required to be eligible for a tuition refund less a \$25 change/drop fee per class. Summer School Registration fees are non-refundable.**

The Sammamish Montessori School -- 2010 Summer School Registration Credit Card Authorization (Required for Registration)

1) Required: I authorize Sammamish Montessori School (SMS) to keep my signature on file and to charge my credit card account for any unpaid amounts I owe that are 30 days past due. I agree to contact SMS if there are any changes to my credit card account information including a change of the expiration date. If more than one person is responsible for a student's tuition, both parties must have current and valid credit card information on file to ensure enrollment.

2) Optional: I wish to pay for tuition and daycare charges automatically using my credit card. (You must update this information each school year, either by filling out a new form or by modifying this form.) _____ (Please initial here if authorizing automatic billing via credit card).

Cardholder Name: _____ Card Number: _____

Cardholder Billing Address: _____ Security Code: _____

City: _____ Expiration Date: _____ (month/year)

VISA MC

State: _____

Zip: _____

Card Holder Signature: _____

Date: _____

Student Name(s): _____

Privacy and Security Notice: Unless you direct us to charge your credit card for any tuition and daycare amounts due on an ongoing basis as noted above, SMS will use this authorization only in the event of a delinquent balance that is 30 days or more past due. You will be notified in such a circumstance.

Student's Last Name

THIS FORM IS REQUIRED FOR REGISTRATION