



75 Bronson St Littleton, NH 03561 • 603-575-5316 • lupinemontessorischool@gmail.com

## Enrollment and Tuition Agreement Form Summer Program 2022

Date \_\_\_\_\_

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of Sept 1<sup>st</sup>: \_\_\_\_\_

Home address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

e-mail \_\_\_\_\_

phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

e-mail \_\_\_\_\_

phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

\*(Please submit official custody papers if relevant)

Emergency Contact:

Name \_\_\_\_\_ Town of residence \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Please explain any medical conditions and/or allergies that your child has including how the school should respond:

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of Lupine Montessori School to provide simple first aid treatment to my child, \_\_\_\_\_, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Lupine Montessori personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note that we require medical clearance from your child’s pediatrician prior to the start of the summer program. Please have these records mailed directly to the school as we do not have a fax machine. If your child was enrolled for the 2021-2022 school year, we do not need you to repeat this paperwork.**

Lupine Montessori School will be CLOSED the weeks of June 20<sup>th</sup> – 24<sup>th</sup> (1 weeks) and Aug 22<sup>nd</sup> – Sept 2 (2 weeks). The summer program will run from June 27<sup>th</sup> – August 19<sup>th</sup> for a total of 9 weeks.

**Children aged 3 – 6 years old are eligible for enrollment in this program. Children must be potty trained to attend.**

Enrolling in the Summer Program is for the full 9 week program. We are not doing partial enrollment.

We will be closed on Monday, July 4<sup>th</sup> in observance of Independence Day.

**For Full 9 Week Program**

	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
Mornings (8-12:30)	546.75	729.00	911.25
Full Days (8-3pm)	850.50	1134.00	1417.50
Until 4pm	972.00	1296.00	1620.00

Billing for the summer program will be done in two equal payments. A \$50 deposit is due to reserve your child’s spot, and then the balance of the 1<sup>st</sup> half is due by 6/13 (1 week prior to the start) and the second payment by 7/18. Use the following chart to find the 2 equal payment amounts:

**2 equal payments of:**

	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
Mornings (8-12:30)	<input type="checkbox"/> 273.38	<input type="checkbox"/> 364.50	<input type="checkbox"/> 455.63
Full Days (8-3pm)	<input type="checkbox"/> 425.25	<input type="checkbox"/> 567.00	<input type="checkbox"/> 708.75
Until 4pm	<input type="checkbox"/> 486.00	<input type="checkbox"/> 648.00	<input type="checkbox"/> 810.00
Please indicate which days you would like:			N/A

**General Information:**

- Tuition is non-refundable. Holidays were considered when the tuition amounts were set; no credit is given.
- There are no additional fees for supplies, materials or extracurricular classes with the exception of some field trips.
- Lupine Montessori School may discontinue the enrollment of a child based on non-payment of tuition by the deadlines explained above.
- If a family finds that they need to withdraw their child from Lupine Montessori’s Summer Program they must give 2 weeks’ notice in writing to the Director. The family is responsible for the account balance calculated through the last day of enrollment.

I/We agree to the above terms for enrollment:

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

Date