

Registration Agreement

Enclose non-refundable \$600.00 registration fee applicable towards tuition

Angel Care
M O N T E S S O R I

Child's Info

First Name Last Name
Date of Birth Nickname

Address

Street
City State Zip

Telephone

Home Tel: Emergency Telephone Mother
Emergency Telephone Father

Program

PrePrimary Program* (2 yrs. - 5 yrs.) Morning 8:30 a.m. - 12:25 p.m.

**children are expected to be potty trained if 3yrs by September start date*

Parent I

First Name Last Name

Address *(if different than applicant)*

Street
City State Zip

Parent II

First Name Last Name

Address *(if different than applicant)*

Street
City State Zip

Billing

First Name Last Name

Address *(if different)*

Street
City State Zip

Please read and sign below

I, the undersigned applicant do hereby agree to pay to the Angel Care Montessori Program the full annual tuition including all additional program fees. I understand that my obligation to pay the fees for the full academic year is unconditional and that no portion of such fees so paid or outstanding will be refunded or cancelled in the event of the subsequent absence, withdrawal or dismissal from the program of my child except where specified under the program's financial polices. I also agree to pay for late fees and charges as they are incurred.

I understand that in signing this Agreement I accept the terms stated herein and I accept the Program's educational schedule of activities and any modifications deemed beneficial by the program as well as the rules and regulations of the Angel Care Montessori Program, as found on the Program's website and such other rules and regulations as may be promulgated hereafter by the Program. Furthermore, I agree that in the event of default in the payment of any installment provided for in this Agreement, my child may not be allowed to continue classes and that the undersigned will be responsible for all attorney's fees and reasonable costs of collection for any outstanding amounts due under this contract. I also agree to the policy of the program that records will not be released unless the account has been paid in full. In the event that a grievance shall arise that cannot be satisfactorily resolved by the Program director, then I agree to resolve my differences with mediation through the American Arbitration Society and that all such award from the AAA will be final and binding. I understand that participation in the Program is a privilege and not a right. The Program reserves the right to reevaluate my child's continued participation in the program.

Also, I agree that my child may participate in all Program activities, including program sponsored trips or walks away from the property unless the program receives written notice to the contrary. I understand that from time to time teachers will video and photograph activities in the classroom. My signature also allows Angel Care Montessori Ltd. to use photographs of my child for all promotional and center use and to share with me the daily activities of my child. If my child is 3 years of age by the September start date of school, I understand that my child must be toilet trained. Invoices and acceptance letters are sent after the program has received the registration form and fee. Only if a placement is not awarded shall the \$600.00 registration fee be refunded. This Agreement becomes valid only after the child has been accepted by letter and when the reservation fee of \$600.00 is received by the program. All Program policies apply each year the child remains enrolled in the program.

Signature of Parent / Person Responsible for Payment if other than Parent or Legal Guardian

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Date:

Angel Care Montessori Ltd.

150 Waterman Street, Providence, RI 02906

Telephone: 401.273-5151 Fax: 401.273.5252