Academy Montessori Internationale of Kansas City
12501 State Line Road Kansas City, Missouri 64145 (816) 942-3307

RESERVATION AGREEMENT/ENROLLMENT CONTRACT
For the School Year 20____ - 20____

Name of Student _____ M/F Date of Birth _____ Age _____

I hereby request Academy Montessori Internationale to enroll _____for the school year indicated above.

My child will attend: _____ Five Half-days _____ Full Day _____ Extended Day _____ Elementary

In consideration of the acceptance of this Reservation Agreement/Enrollment contract by Academy Montessori Internationale, the undersigned agrees to pay the required fees as specified in the School's Payment Schedule. I understand that my obligation to pay the fees for the full academic year is unconditional, and that after July 1st no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal, or dismissal from the School of the above named student.

Initials _____

The Payment Plan that I intend to use is:

Payment in full	**July 1st $_____**			
Plan A – Two Installments	**July 1st $ _____**		**Jan. 1st $ _____**	
Plan B – Four Installments	**July 1st $ _____**	**Nov. 1st _____**	**Jan. 1st $ _____**	**Mar. 1st $_____**
Plan C – Ten Installments	**The first day of the month, beginning July 1st, ending Apr. 1st**		**$ _____ each**	

These fees are due as stated above. If not paid by the 5th day after the due date, a child may not be allowed to return to school on the 6th at the option of the school. A late fee will apply to payments not received within 5 days from the payment due date.

Initials _____

I enclose my check for $300 to cover the Reservation/Enrollment Deposit. *This is not refundable & <u>is not deductible from tuition</u>.*

Initials _____

I understand that in signing this Reservation Agreement/Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the School, and the rule concerning payment of fees as referred to above. Further, I agree to the policy of the School that no report or records will be furnished until all financial obligations to the school have been fulfilled. It is understood that all correspondence, reports, and other records of the school pertaining to the above-named student are, and shall remain, confidential.

Initials _____

It is further agreed that enrollment, as specified within this Enrollment contract, may be cancelled by the parents or guardians <u>in writing</u>, without penalty (except forfeit of the Reservation Deposit) prior to July 1st. If enrollment is cancelled after July 1st, parents or guardians financially responsible for the student are obligated to pay the full annual charges.

Please sign and return both copies to the School.

Signature of Parents or Guardians Financially Responsible for Student:

Date _____ (1) _____
Printed:_____Relationship:_____

Date: _____ (2) _____
Printed: _____ Relationship: _____

Accepted: ACADEMY MONTESSORI INTERNATIONALE OF KANSAS CITY

Date: _____ By: _____

Notes: