



**BILLING /
ADMINISTRATION
AGREEMENT**

CHILD'S NAME _____ **HOME PHONE** _____

PARENT/GUARDIAN SIGNATURE _____ **SSN** _____

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BILLING AGREEMENT

1. I agree to electronic funds transfer for all payments to Evergreen Montessori. Tuition will be withdrawn on a bi-weekly or monthly basis. **Init:** _____
2. I am responsible for, and agree to pay, a registration fee of \$100. The registration fee is non-refundable. **Init:** _____
3. I am responsible for and agree to pay a deposit totaling 2 weeks' worth of tuition by the first day of school. This deposit will be refunded only if a 2-week written notice is given when my child is withdrawn from school. **Init:** _____
4. I am responsible for, and agree to pay, my child's tuition at the current program rate. Payment of tuition is due in advance the Friday before the week my child attends Evergreen Montessori via electronic funds transfer. **Init:** _____
5. I am responsible for and agree to pay a \$20 late fee if my tuition is 7 days past due. **Init:** _____
6. I understand that if my child's account is 14 days past due, my child cannot return to school until full payment for the past due balance has been received. **Init:** _____
7. I am responsible for and agree to pay any Extended Hourly Childcare beyond my regular schedule. The cost of Extended Care is \$10.00/hr. (Parents will receive an invoice for these charges at the end of the billing month). **Init:** _____
8. I am responsible for and agree to pay any charges accrued for Late Pickups. There is a \$2 / per minute late pickup charge for any child at the school after 6:00 pm. **Init:** _____
9. I agree to pay any collection costs should I default on my payment obligations. **Init:** _____
10. I am responsible for and agree to pay a \$45 returned check/NSF fee that is applied for all returned payments. **Init:** _____
11. I understand that if I incur 3 returned check/NSF fees, I will be required to pay by cash or money order only. **Init:** _____
12. I understand that there is no refund for holidays, illness, or vacations taken that are less than 3 weeks, with the exception of one successive week per calendar year which will be billed at 50% the child's current tuition. **Init:** _____
13. I understand that I can pay a holding fee for vacations/time-off greater than three weeks and this will guarantee my child's spot. The rate will be 30% of the current full-time weekly tuition and must be paid in advance for each week the student will be out. **Init:** _____
14. I understand that if I need to change my child's schedule for 1 month or more, accommodations can be made, if the request is submitted to the Director in writing.

BILLING AGREEMENT CONTINUED

- 15. I understand that if my child does not attend 5 days per week, no substitutions can be made for days missed.
Init: _____
- 16. I understand that the school is closed for up to 1 week at the end of the school year before the start of the summer session.
Regular weekly tuition will be paid for these preparation days. Schedule changes cannot be made for the week of the scheduled preparation days. **Init:** _____
- 17. I understand that if my child forgets his/her lunch and one will be provided by Evergreen Montessori for an additional fee of \$2.75. This will be added to my next billing cycle.
Init: _____
- 18. I am responsible for paying any additional costs that may occur for In-school field trips, special projects and workbooks. I will receive information regarding these costs in advance. **Init:** _____

ADMINISTRATION AGREEMENT

- 19. I understand that the Department of Human Services requires the school to keep a record of the time that the children are at the school. Therefore, I am responsible for signing my child in when he/she arrives and out when he/she leaves. **Init:** _____
- 20. I understand that the Department of Human Services requires parents to list a Dentist on the emergency card. If the section has not been completed, we will list Community Dental Care 3359 West Broadway in Robbinsdale as your provider. **Init:** _____
- 21. I understand that there is a one-month behavior and toilet training probation period. If there are frequent behavioral incidents (more than 3 per week) or toilet training accidents (more than 3 per week) during the first month of enrollment, my child may be asked to leave until the problems has been resolved. **Init:** _____
- 22. I understand that the Staff Health Consultant, Dept. of Human Services Licenser, and Evergreen Montessori staff are allowed access to my child’s permanent record which includes school documentation and health records. And that these records will be retained by the school for 7 years, even if I withdraw my child. **Init:** _____
- 23. I understand that all forms and fees must be turned in by the first day of school. Health summary form must be returned no later than 30 days after my child’s enrollment. **Init:** _____

My signature indicates that I have read and understand the above conditions, and that I agree to comply with these terms. Uncompleted forms will not be accepted. This form must be signed by persons listed as Parent / Guardian.

If you have questions, please call 763-535-3553 or email at evergreen_montessori@outlook.net.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____