



**Thriving Day**  
Academy

# Enrollment Agreement

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I hereby apply for admission for my child, named below, to [Thriving Day Academy] for the school year of [2019-20]. I agree to pay the school tuition for the year in the amount named below, according to the payment plan specified below.

Child Name \*

## Tuition

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Program\*

Select One

- M/W Half Day Mornings: 8:30-11:30am (\$280/month)
- T/Th Half Day Mornings: 8:30-11:30am (\$280/month)
- M/W Half Day Afternoons: 12:30-3:30pm (\$280/month)
- T/Th Half Day Afternoons: 12:30-3:30pm (\$280/month)
- M/T/W Half Day Mornings: 8:30-11:30am (\$320/month)
- T/W/Th Half Day Mornings: 8:30-11:30am (\$320/month)
- M/T/W Half Day Afternoons: 12:30-3:30pm (\$320/month)
- T/W/Th Half Day Afternoons: 12:30-3:30pm (\$320/month)
- M/T/W/Th Half Day Mornings: 8:30-11:30am (\$380/month)
- M/T/W/Th Half Day Afternoons: 12:30-3:30pm (\$380/month)
- M/W Full Day: 8:30-3:30pm (\$445/month)
- T/Th Full Day: 8:30-3:30pm (\$445/month)
- M/T/W Full Day: 8:30-3:30pm (\$485/month)
- T/W/Th Full Day: 8:30-3:30pm (\$485/month)
- M/T/W/Th Full Day: 8:30-3:30pm (\$595/month)

Add Lunch (11:30-12:30) \*For Half Day Student's Only\*

Children who add lunch must bring their lunch from home.

Contract Length\*

Select One (Will be prorated based on actual start date.)

10 Months (8/1/19-5/30/20)

10 Months (8/1/19-5/30/20) Kindergarten Year \$100/month discount for children who turn 5 by 9/1/19

Payment Plan\*

Depends on Contract Length

3 Installment Payments (August, November, & February) via debit or credit card (link to payment portal will be emailed)

10 Monthly Payments via debit or credit card -Processed on the first of each month (link to payment portal will be emailed)

Pay In Full via check, debit, or credit card (Receive 10% discount.)

Total Monthly Tuition \*

Enter the total monthly amount of the selected program minus applicable discounts.

Yearly Tuition\*

Enter the total amount for the school year.

Commitment Deposit\*

Per student and non-refundable and non-transferable.

New Family, due with Application (\$300) Due upon Submission of Application

Returning Family, due March 15th (\$300)

## **Early Withdrawal or Termination of this Enrollment Agreement**

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- a. I agree and understand that the Registration Fee is non-transferable and non-refundable.
- b. Tuition Payments – I agree and understand early withdrawal of the student from Thriving Day Academy’s programs requires written notification with a 30 day advance written notice sent to Stevie@thrivingday.com. In addition to the notice, tuition account must be paid up to date as of the withdrawal date. Tuition is not refundable for absence.
- d. I further agree to pay 2% monthly interest on any past due balance pursuant to this Enrollment Agreement.
- e. Termination: Thriving Day Academy reserves the right to terminate this Enrollment Agreement and disenroll Students from Thriving Day Academy’s programs with or without notice for any reason. I agree and understand that termination of this Enrollment Agreement and disenrollment of Student from Thriving Day Academy’s programs does not change the refund provisions set forth in this Enrollment Agreement.

## **Fees**

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\$25.00 late fee will be charged daily for any child picked up after their scheduled departure time.  
\$25.00 fee will be charged for any returned check.

## **Permission and Consent**

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### **Parent Handbook**

Thriving Day Academy reserves the right to adopt/amend rules and regulations as deemed necessary. I agree to comply fully with the rules and regulations as stated or amended in the Parent Handbook.

### **School Calendar\***

I agree that I have checked the school calendar on the school website and understand the schedule of days the school is closed.

Yes No

### **Photo Release\***

\*[Thriving Day Academy ]\* may use photos of my child in school promotions, advertising or the school’s website.

Yes No

### **Consent To Medical Treatment And Care Of Minor Children\***

I hereby give permission that my child, named above, may be given emergency treatment to include first aid and CPR by a qualified staff member at \*[Thriving Day Academy]\*. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child’s regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

### **Permission For Field Trips\***

I give my child permission to go on any field trips or excursions planned by \*[Thriving Day Academy]\* and to use transportation provided by parent volunteers via Field Trip sign up sheets.

Yes No

### **Multi Year Commitment\***

The Thriving Day Academy Primary program is a 3 year curriculum, and we ask you to commit to staying for the whole cycle. To support our parent community in this decision, we offer a \$100 / month discount during the kindergarten year. You may withdraw from this program for unforeseen reasons including, but not limited to, financial hardship, loss of employment, moving, program not suiting family. If financial hardship does occur, speak with the administration, as tuition support may be available.

I understand that the \*[Thriving Day Academy]\* Primary program is a 3 year curriculum, and includes the kindergarten year. As long as the program suits my families needs and to the best of my ability, I commit to keeping my child in the program until the end of his/her kindergarten year.

### **Parent Education Nights\***

I agree that I will attend a minimum of two parent education nights a year, which will help me gain information on my child’s development and on the Montessori philosophy.

Parent Signature\*

I HAVE READ AND AGREE TO THE TERMS OF THE ABOVE ENROLLMENT AGREEMENT.

[\*\*CLICK TO SIGN\*\*](#)