



Complete Form and Mail to:

Flathead Valley Montessori Academy
330 N. Somers Road
Kalispell, MT 59901
Phone: (406) 857-3303

Enrollment Contract for _____ **School Year: 2008 - 2009**
Child's Name

I understand that my child is enrolled at FVMA for the full school year or remainder thereof after enrollment. Tuition will not be refunded unless the child is withdrawn due to a move from the Flathead Valley area or due to a board reviewed student dismissal from FVMA. Written notice of withdrawal must be received by the school before tuition liability will cease. Tuition liability at the date of withdrawal will be calculated based on the daily average for the class enrolled. Various tuition payment plans are available (see enrollment application). **Payments received later than five business days after the due date will be subject to a late fee of 3% per month.** Payments in arrears over 30 days will be cause for exclusion of the child from the classroom with reinstatement only after all current and past-due tuition and fees are paid.

I understand that I am responsible for fees or charges to my child's account for miscellaneous incurred costs for field trips, weekly Friday lunches, and other activities.

I understand that every family must commit a minimum of **20 hours** of community service work for the school per year per enrolled student and if I can not meet this commitment, FVMA will assess a fee of \$17.00 per unfulfilled hour.

I agree to reimburse FVMA for damages to school property caused by my child.

I have read and understand the information presented in the FVMA family handbook.

I agree to permit the participation of my child in the portrayal of school activities in films, slide, photographs or other reproduction and their use in publicity, publications, and presentations to public groups and other presentations of the school and in field trips.

In consideration of the acceptance of my child as a student at the Flathead Valley Montessori Academy the undersigned agrees to indemnify the Flathead Valley Montessori Academy, its Directors and employees, against any claims and demands made by or on behalf of my child. I understand that the Flathead Valley Montessori Academy offers no medical coverage to supplement the parent's coverage, nor has any self-insurance plan to offer reimbursement for medical expenses incurred due to illness or accidents occurring while at school.

Acceptance in following years may be affected by the applicant's adherence to the prior year's tuition agreement and payment history.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

School Administrator Signature

Date