



ENROLLMENT AGREEMENT

18575 W. Nine Mile Road
Southfield, MI 48075
(248) 557-6412

Academic year: 2017 – 2018

This Enrollment Agreement represents an official contract between you and International Montessori Academy. Please fill out all information legibly and completely. We may require additional information to complete the registration process. State Law requires full disclosure of parents' or legal guardians' particulars on the Child Information Card. International Montessori Academy maintains a strict Privacy Policy and does not disclose any personal information to a third party unless required to conduct school business or if required by law. Full payment of all charges is due before the first day of school. A statement will be sent to the email address provided.

Please print all information legibly. Registration will not be processed unless all required information is provided.

Select the Program: (✓)

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Toddler | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> Pre-K | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd |
| | <input type="checkbox"/> 4 th | <input type="checkbox"/> 5 th | <input type="checkbox"/> 6 th |

Name of Student _____ Boy Girl
Last Name First Name Middle Name

Home Address _____ Home Phone _____

City, State, Zip _____ Date of Birth ____/____/____
Mo Day Year

School now attending/previously attended (If other than IMA) _____

School district _____ Last grade completed _____

Applicant's Siblings: Name _____ Age _____ School Attending _____
Name _____ Age _____ School Attending _____

Will your child require a daily afternoon nap (approx. 1:00 – 3:00 P.M.) when school begins in Sept. Yes No

Father's Name: _____ Home Phone: _____

Home Address: _____

Driver License Number: _____ Email: _____

Employer/Address: _____

Business Phone: _____ Cell: _____ Pager: _____

Mother's Name: _____ Home Phone: _____

Home Address: _____

Driver License Number: _____ Email: _____

Employer/Address: _____

Business Phone: _____ Cell: _____ Pager: _____

Send academic reports to: Father Mother

EMERGENCY INFORMATION: If parents cannot be reached in case of illness or emergency, notify

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Tuition and Fees Payment Option (Select one):

Pay in full (Due on or before first day of attendance)

Installment Plan (Separate agreement will be processed)

Please read the enrollment terms and sign this form. Your child's enrollment process will not be complete without a valid signature.

ENROLLMENT TERMS:

I/We, the undersigned, in consideration of placement of the above-named child by International Montessori Academy (hereinafter referred as Academy) for the 2017-2018 school year, jointly and/or individually, agree to the terms and conditions specified in this agreement, including the payment of applicable tuition and fees.

I/We understand that International Montessori Academy will hold a place for the student in the appropriate program as determined by the pending receipt of this agreement signed by us along with the full payment or the first installment. **I/We also understand that this payment is non-refundable unless the school cannot enroll the child.** If full payment of tuition and charges have been made and the registration is withdrawn before the first day of school, the first installment payment will be deducted from the total payment and the rest will be refunded within two weeks of withdrawal. **Written notification of withdrawal is required.**

I/We understand that International Montessori Academy has financial obligations, and that by signing below we agree to be obligated for tuition for the **full school year**. If I/We withdraw my/our child from the program for any reason or is dismissed from the program for cause, we shall continue to be responsible for tuition. Withdrawal and tuition obligation is explained in full in the **Parent Handbook**.

The period of enrollment will be for the entire school year. In case of a student entering after the school year has begun, the period of enrollment will be from the date of admission to the last day of the school year as published in the Parent Handbook and at official website www.imamichigan.com.

Any student with unpaid tuition will not be permitted to attend the Academy until all past dues are paid in full.

Should International Montessori Academy, at any time, determine that it is not in the best interest of the student, or any fellow students, or of the Academy, for the students to continue in attendance, Academy may dismiss, require the withdrawal of, or suspend the student.

MEDICAL TREATMENT AUTHORIZATION

I/We hereby designate and consent that International Montessori Academy, or any agent acting on its behalf, be authorized for purposes of exercising powers concerning the care, custody, and medical treatment that may be necessary for the above-named child during a period when I/We cannot be contacted by phone.

This agreement shall be signed by parents, legal guardian(s) or person financially responsible for the student. Students are not enrolled and this agreement is not binding until signed and accepted by International Montessori Academy. We further understand that if the Academy is unable to enroll the child, the tuition deposit is refundable.

We have read the above terms and conditions and fully understand and agree by all the conditions and terms to this agreement.

This agreement shall be interpreted according to the laws of the State of Michigan.

Accepted: Signature of Both parents, Legal Guardian(s) or person financially responsible for student:

Print Name Signature Date

Print Name Signature Date

Accepted: International Montessori Academy

Registrar Date

PLEASE SIGN AND RETURN THIS ENROLLMENT AGREEMENT TO THE SCHOOL OFFICE. Upon acceptance, a copy will be returned to the parent or guardian.

School Mailing Address: International Montessori Academy, 3128 Walton Blvd. #239, Rochester Hills, MI 48309