

**Green Valley School**  
**389 Pembroke Street, Pembroke, NH 03275**

Half-day Preschool & 2, 3, 4 Day Preschool Enrollment and Tuition Agreement  
For the 2019-2020 Academic Year

Full Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent(s) or guardian(s) of the above named child (hereinafter referred to as the "Student"), I/we hereby enroll the Student in the Green Valley School, Montessori Learning Center, Inc., (hereinafter, referred to as the "School") for the **2019-2019 academic year**.

To reserve a place for your child for the 2019-2020 academic year, the Parents or Guardians must sign this Agreement and Contract and return this with the Enrollment Deposit to the School by February 24, 2019 for continuing students and by April 13, 2019 for new students. The School will return to you one countersigned copy.

**Enrollment Deposit:** An enrollment deposit of \$300 is due when this agreement is submitted upon the Student's initial enrollment in the School or reenrollment. In consideration of this deposit and such other good and valuable consideration, set forth herein, the School shall reserve the Student a space for the 2019-2020 school year.

I understand and agree that the Enrollment Deposit submitted herewith is nontransferable and nonrefundable but will be applied as a credit to my tuition.

Please check the payment plan you desire:

\_\_\_\_\_ **1. Annual Payment Plan:** The annual tuition payment is \$5,700. An initial deposit of \$300 is due when this enrollment agreement is submitted to the School. The balance of the tuition, due on or before June 1, 2019, will be \$5,400.

\_\_\_\_\_ **2. Quarterly Payment Plan:** The annual tuition payment is \$5,800. An initial deposit of \$300 is due when this enrollment agreement is submitted to the School. This leaves a balance of \$5,500. The first quarterly payment of \$1,375 is due August 1, 2019, the second payment of \$1,375 is due October 15, 2019, the third payment of \$1,375 due January 1, 2020, and the fourth payment of \$1,375 due March 15, 2020.

\_\_\_\_\_ **3. 10-Month Payment Plan:** The annual tuition payment is \$5,800. An initial deposit of \$300, due when this enrollment agreement is submitted to the School, will be deducted from the deferred tuition payments. This leaves a balance of \$5,500. Tuition will be payable in ten consecutive equal monthly payments of \$550 with such payment commencing on or before August 1, 2019 with the remaining payments being payable on the first day of each month thereafter until fully paid.

\_\_\_\_\_ **4. 9-Month Payment Plan:** The annual tuition payment is \$5,800. An initial deposit of \$300, due when this enrollment agreement is submitted to the School, will be deducted from the deferred tuition payments. This leaves a balance of \$5,500. Tuition will be payable in nine consecutive equal monthly payments of \$611 with such payment commencing on or before September 1, 2019 with the remaining payments being payable on the first day of each month thereafter until fully paid.

**Special Activities:** I/we understand and agree that the School may from time to time offer optional extra-cost trips, activities, or special programs not included in the routine school program. Participation in such activities shall be an option at my/our discretion. If desired, they shall be arranged through a separate agreement. I/we understand and agree that this agreement is in no way contingent on the provision of additional services.

**Health, Safety and Exclusion From School:** I/we understand and agree that the School shall have the right to exclude any student from attendance, temporarily or permanently, under any circumstances deemed in the sole and exclusive discretion of the Executive Director or his/her designee to be interfering with the health, safety, or educational development of the Student or any other student(s) in the School. In the event, any prepaid tuition will be refunded on a prorated basis, less the enrollment deposit for the 2019-2019 academic year, which shall be non-refundable.

**Tuition is Due as Scheduled Above:** I/we understand and agree that no student shall be permitted to attend the School if the Student's tuition is not paid in full as stated above. In such a case, the Student will be excluded from School until the tuition is paid and up to date according to the terms of this Agreement.

**Non Payment:** All moneys due under this agreement are due and payable as stated above. No extensions or delays in payment will be recognized unless in writing and signed by an authorized agent of the School and the undersigned. In the event any payment shall be more than **ten** days late, the School shall have the right to withhold any and all services to the Student and/or the undersigned. A Late Fee of \$15 will be charged when payment is more than 10 days late.

In the event it shall be necessary to place this contract or any other debt due to The School by the undersigned with a collection agency or attorney, I/we agree to bear all court costs and reasonable collection/ attorney's fees, plus interest at the rate of 16% on the outstanding balance, over and above all other sums then due.

**Promotional Materials:** I/we hereby give my/our permission to the School to use photographs, videotapes, and/or movies taken of the above-named child for promotional use.

**Parent/Student Handbooks:** I/we understand and agree to comply with the rules and regulations of the School, published in the School's Parent Handbook, as they may be modified from time to time and agree that these rules and regulations are hereby incorporated by reference into this contract and having the full force and effect as if specifically enumerated herein.

**Emergency Medical Attention:** I/we hereby give my/our express consent to the School, or any agent acting in its behalf, to secure and provide any medical and dental attention that may be necessary in the discretion of the School for the above-named Student during a period when the undersigned cannot be contacted by telephone. I/we further agree to assume complete financial responsibility for any and all medical expenses incurred on behalf of the Student under the conditions described above.

By execution of this Agreement, I/we do hereby consent to either of the undersigned parties acting as the agent of the other for the purpose of negotiating and being bound by any modifications hereto. No oral modifications will be recognized. No oral inducements have been made other than those appearing herein. This Agreement represents the entire understanding between myself/ ourselves and the School.

I/we covenant that I/we have read the above terms and conditions and fully understand and agree to abide by all the conditions and terms of this Agreement. These terms shall be binding upon and inure to my/our benefit, heirs, personal representatives, trustees, and successors.

This agreement shall be interpreted under the laws of the State of New Hampshire.

Note: This agreement must be signed personally by both parents or guardians of the Student, as applicable.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Green Valley School Representative

\_\_\_\_\_  
Date

# Emergency Form

CHILD'S FULL LEGAL NAME: \_\_\_\_\_

Name child prefers to be called (if different): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Billing correspondence will be mailed to this address unless GVS is instructed differently.)

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PLEASE LIST ALLERGIES/HEALTH CONCERNS: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Place of business: \_\_\_\_\_ Place of business: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Friend(s)/neighbor(s) name, address & phone (at least one person who will assume responsibility of your child if for any reason the parent(s) cannot be reached immediately in an emergency):

\_\_\_\_\_

Names, addresses, phone numbers of any person other than parents **authorized** to remove child from Green Valley School:

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL RELEASE

CHILD'S NAME: \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT OR THE ILLNESS OF MY CHILD WHILE UNDER THE CARE OF GREEN VALLEY SCHOOL, I THE UNDERSIGNED, HEREBY GIVE MY CONSENT TO PROVIDE EMERGENCY CARE AND/OR TREATMENT THROUGH A CLINIC, HOSPITAL, OR PRIVATE DOCTOR. THIS AGREEMENT SHALL CONTINUE AS LONG AS THE ABOVE NAMED CHILD IS ENROLLED IN THIS FACILITY. I ALSO UNDERSTAND THAT THIS MEDICAL RELEASE WILL ONLY BE USED IN A SITUATION IN WHICH THE PARENT CANNOT BE REACHED.

PARENT'S SIGNATURE: \_\_\_\_\_

## FIELD TRIP AUTHORIZATION

I HEREBY GIVE PERMISSION FOR MY CHILD TO TAKE PART IN ALL SCHOOL ACTIVITIES INCLUDING FIELD TRIPS, WALKING TRIPS OR ATHLETIC EVENTS AWAY FROM THE SCHOOL PREMISES. I ALSO UNDERSTAND THAT PARENTS WILL BE NOTIFIED OF ANY FIELD TRIPS OUTSIDE CONCORD, NH.

PARENT'S SIGNATURE: \_\_\_\_\_