

Green Valley School  
389 Pembroke Street, Pembroke, NH 03275

## Aftercare Agreement

For the 2018-2019 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 **2018-2019 academic year.**

Please check the payment plan you desire:

\_\_\_\_\_ 1. **Annual Payment Plan:** The annual aftercare cost is \$1,375 due June 1, 2018.

\_\_\_\_\_ 2. **Quarterly Payment Plan:** The annual aftercare cost is \$1,400. The first quarterly payment of \$350 is due August 1, 2018, the second payment of \$350 is due October 15, 2018, the third payment of \$350 is due January 1, 2019, and the fourth payment of \$350 is due March 15, 2019.

\_\_\_\_\_ 3. **10-Month Payment Plan:** The annual aftercare cost is \$1,400. Fees will be payable in ten consecutive equal monthly payments of \$140 with such payment commencing on or before August 1, 2018 with the remaining payments being payable on the first day of each month thereafter until fully paid.

\_\_\_\_\_ 4. **9-Month Payment Plan:** The annual aftercare cost is \$1,400. Fees will be payable in nine consecutive equal monthly payments of \$156 with such payment commencing on or before September 1, 2018 with the remaining payments being payable on the first day of each month thereafter until fully paid.

**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.

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.

**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