

NARDIN ACADEMY
MONTESSORI ENROLLMENT CONTRACT
2015-2016

***DUE 4/1/15**

Student's Name _____ Grade _____

Check Payment Choice	Eight Installment Plan <input type="checkbox"/>	Four Installment Plan <input type="checkbox"/>	Payment in full <input type="checkbox"/>
8:30am - 2:45pm 8:30am - 11:30am	<input type="checkbox"/> Full time, 5 days \$11,465.00 <input type="checkbox"/> Part time, 5 days \$7,640.00	<input type="checkbox"/> Full time, 5 days \$11,465.00 <input type="checkbox"/> Part time, 5 days \$7,640.00	<input type="checkbox"/> Full time, 5 days \$11,465.00 <input type="checkbox"/> Part time, 5 days \$7,640.00
3 Year Olds ONLY 8:30am - 2:45pm 8:30am - 11:30am	3 Year Olds ONLY <input type="checkbox"/> Full time, 3 days \$9,475.00 <input type="checkbox"/> Part time, 3 days \$4,775.00	3 Year Olds ONLY <input type="checkbox"/> Full time, 3 days \$9,475.00 <input type="checkbox"/> Part time, 3 days \$4,775.00	3 Year Olds ONLY <input type="checkbox"/> Full time, 3 days \$9,475.00 <input type="checkbox"/> Part time, 3 days \$4,775.00
8:30am - 11:00am	<input type="checkbox"/> Toddler, 2 days \$3,735.00	<input type="checkbox"/> Toddler, 2 days \$3,735.00	<input type="checkbox"/> Toddler, 2 days \$3,735.00
Contract and Non-Refundable Deposit	\$500 due April 1	\$500 due April 1	\$500 due April 1
Terms \$15.00 fee to change payment plan after 6/1	8 installments, billed 6/1 to 1/1 Full time, 5 days \$1,370.63 Part time, 5 days \$892.50 Full time, 3 days \$1,121.88 Part time, 3 days \$534.38 Toddler, 2 days \$404.38 Direct Pay Plan Mandatory	4 installments, billed 6/1 to 1/1 Full time, 5 days \$2,741.25 Part time, 5 days \$1,785.00 Full time, 3 days \$2,243.75 Part time, 3 days \$1,068.75 Toddler, 2 days \$808.75	Payment in full by July 1 (2% discount after deposit) Discount Full time, 5 days \$10,745.70 (\$219.30) Part time, 5 days \$6,997.20 (\$142.80) Full time, 3 days \$8,795.50 (\$179.50) Part time, 3 days \$4,189.50 (\$ 85.50) Toddler, 2 days \$3,170.30 (\$ 64.70)
Due Dates	Direct Payment Plan 15th or 20th of the month No student may start classes until the enrollment deposit and the first <u>three</u> installments have been received.	6/30, 8/31, 10/31, 1/31 No student may start classes until the enrollment deposit and the first <u>two</u> installments have been received.	Payment in full after July 1 No discount, No exceptions Full time, 5 days \$10,965.00 Part time, 5 days \$7,140.00 Full time, 3 days \$8,975.00 Part time, 3 days \$4,275.00 Toddler, 2 days \$3,235.00
Administrative Service Fee One time charge billed 6/1	\$80.00 per account	\$40.00 per account	none
Service Fees	1.5% on all accounts 30 days past due Contract Change Fee - \$25.00 billed if changed after May 15th \$30.00 fee for checks and electronic transfers returned for insufficient funds		
Past Due Accounts	IF THE OUTSTANDING BALANCE IS MORE THAN 60 DAYS OLD, THE STUDENT MUST REFRAIN FROM ATTENDING CLASSES UNTIL THE OUTSTANDING BALANCE IS PAID.		
Fees	Technology Fee - \$150.00 (Montessori Elementary Program only) billed 6/1		
After School Supervision (for full time students only)	<input type="checkbox"/> until 4:00 p.m. \$1,050.00 payable in 8 payments of \$131.25 each payment. Billed Sept. to April. Montessori After School Program is \$10.00/hr. on a "drop in" basis, billed monthly.	<input type="checkbox"/> until 5:30 p.m. \$2,625.00 payable in 8 payments of \$328.13 each payment. Billed Sept. to April. Montessori After School Program is \$10.00/hr. on a "drop in" basis, billed monthly.	

Cancellation Policy

If cancellation with written notice is received prior to July 1st, the financial obligation is limited to the forfeiture of the non-refundable deposit.
If cancellation with written notice is received between July 1st and August 31st, the financial obligation will be 25% of the annual tuition.
If cancellation with written notice is received after August 31st, the financial obligation is the full tuition. Payment of tuition and fees is unconditional and due in full regardless of withdrawal, removal or partial attendance. Tuition cannot be considered a charitable donation or transferred to another student.

I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan. It is imperative that Box A or B below is checked for each child enrolled. If neither box is checked, the default will be Box B.

- One of these boxes **MUST** be checked
- A. I wish to participate in the Tuition Refund Plan. The premium rate is 3.2% of the annual fees. I authorize the School to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me.
 - B. I do not wish to participate in the Tuition Refund Plan. I understand that no refund or cancellation of the yearly fees will be made by the School for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees.

I/we understand the obligation to pay the tuition and other school related fees for the full year is unconditional and that no portion of such tuition and/or fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal from the school of the above student.

Mother/Guardian Print Name _____ Father/Guardian Print Name _____
 Mother/Guardian's Signature _____ Father/Guardian's Signature _____

NARDIN ACADEMY
BILLING INFORMATION FORM 2015-2016

*DUE 4/1/15

Student Name: _____ Grade 2015-2016: _____
(last) (first) (mi)

Address: _____ City, State, Zip: _____

Please check here if you wish to opt out of the Student Directory _____

PERSON(S) RESPONSIBLE FOR TUITION 2015-2016 *All listed must sign Enrollment Contract

*****Please list contact and employment information for each responsible parent/guardian*****

1.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other _____	
Name: _____		Relationship to Student: _____			
Address: _____		City, State, Zip: _____			
Phone: Cell _____		Home _____		Work _____	
Social Security #: _____		E-mail address: _____			
Employer: _____		Work E-mail: _____			
Employer Address: _____		City, State, Zip: _____			
Shared Tuition Responsibility (if applicable)		<input type="checkbox"/> 50%		<input type="checkbox"/> Other _____	

2.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other _____	
Name: _____		Relationship to Student: _____			
Address: _____		City, State, Zip: _____			
Phone: Cell _____		Home _____		Work _____	
Social Security #: _____		E-mail address: _____			
Employer: _____		Work E-mail: _____			
Employer Address: _____		City, State, Zip: _____			
Shared Tuition Responsibility (if applicable)		<input type="checkbox"/> 50%		<input type="checkbox"/> Other _____	

PRIMARY TUITION STATEMENTS WILL BE SENT TO PERSON(S) LISTED IN BOX 1

SEND COPIES OF STATEMENTS TO PERSON(S) LISTED IN BOX 2: YES NO



Dear Nardin Academy Parent/Guardian:

Once again Nardin Academy will be offering the **Direct Payment Program** for the upcoming school year.

What is **Direct Payment**?

The **Direct Payment Program** allows you to pay your Nardin Academy tuition bill automatically each month. When you enroll in the **Direct Payment Program**, we will deduct the “Balance Due” listed on your monthly bill on the 15th or 20th of each month, whatever date is most convenient for you. You will still receive your monthly bill ahead of the due date, but it will be stamped “**Direct Payment Authorized.**”

Direct Payment is a convenient, reliable, and inexpensive way to pay your tuition bills. You save time by not having to write checks. You also save the cost of the postage and the check itself. Furthermore, you no longer have to worry about late payment charges because of mail delivery, being out of town on vacation or business, or your child forgetting to leave the check in our drop box. **The Direct Payment Program is mandatory for the 8 installment plan** but also available for the 4 installment plan. Billing months will follow the schedule listed on the attached enrollment form.

If you have any questions regarding your billing, please call the Business Office. We will research and correct any errors just as we do with check payments. We will continue to resolve your inquiries promptly. If you ever want to skip making a **Direct Payment**, and send us a check instead, or if you need to terminate service, simply call the Business Office any time prior to 4:00pm three business days before your account is scheduled to be debited.

To sign up for **Direct Payment**, complete and sign the enclosed authorization form. Return it to the Nardin Academy Business Office with a VOID check drawn on the account you want us to use for your payments. The VOID check will verify all the information we need to set up your **Direct Payment** account.

This program is mandatory if you select the 8 installment plan, but strictly voluntary for the 4 installment plan.

If you have any questions about the **Direct Payment Program**, please contact the Business Office. We are ready for you to stop writing checks and to start using **Direct Payment**.

Business Office 881-6262 ext. 1630



*DUE 4/1/15

Student Name(s) _____
(last) (first)

**DIRECT PAYMENT PROGRAM
2015/2016 School Year**

AUTHORIZATION AGREEMENT FOR ACH ENTRIES (DEBIT/CREDIT)

I(we) hereby authorize Nardin Academy, hereinafter called COMPANY, to initiate debit/credit entries to my (our) () **checking account** () **savings account (please select one)** indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Account Number _____ (attach a void check)

Routing Number (9 digits) _____

Deduction Date 15th of month _____ 20th of month _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. A minimum of 3 business days' notice is required.

Name(s) _____ Cell Phone # _____
(please print)

_____ Cell Phone # _____

Signature(s) _____ Date _____

_____ Date _____



TUITION REFUND PLAN

Your enrollment agreement contains a provision stating that after August 31st, a student is enrolled for the full academic year and no adjustment of tuition and fees can be made by the School for absences, withdrawal or dismissal. This policy is necessary as the School budgets expenses, such as faculty salaries and supplies, based on enrollment. In order to plan and maintain our services for the year, it is essential that the annual income from tuition should be stabilized. Therefore, in the interest of parents, we are pleased to announce that we have made arrangements to protect students under the Tuition Refund Plan (underwritten by the CGU Insurance Companies for A.W.G. Dewar, Inc.).

This plan will not only provide an allowance for tuition in the event of absence or withdrawal of a student for medical causes, but also in the event of withdrawal for other reasons or dismissal by the School (annual tuition charges, both prepaid and due, are insured). The allowance varies from 50% to 75%, based on the reason for departure. The Tuition Refund Plan becomes effective on August 1st in the event of the student's inability to attend school due to a covered medical reason. **The nonmedical coverage (voluntary withdrawals and dismissals) does not become effective until the student has attended 14 consecutive calendar days (including weekends) commencing with the student's first class day of attendance in the academic year.**

The premium is 3.2% of the annual tuition, net of any financial aid awarded. The maximum cost is as follows:

<u>GRADE(S)</u>	<u>TUITION</u>	<u>PREMIUM</u>
Full time Montessori (5 days)	\$11,465.00	\$366.88
Part time Montessori (5 days)	\$ 7,640.00	\$244.48
Full time Montessori (3 days)	\$ 9,475.00	\$303.20
Part time Montessori (3 days)	\$ 4,775.00	\$152.80
Toddler Program (2 days)	\$ 3,735.00	\$119.52
K – 4	\$10,765.00	\$344.48
5 – 8	\$11,370.00	\$363.84
9 – 12	\$12,105.00	\$387.36

The School offers you the Tuition Refund Plan as a means to insure your annual financial obligation under the terms of the accompanying Enrollment Agreement. This protection is important to you, and the School recommends that you participate in the Plan. Please read the information regarding the Plan that appears in the Enrollment Agreement and Tuition Refund Plan brochure carefully and indicate on the Agreement if you do not desire the coverage by initialing the waiver.

In light of the no refund or cancellation enrollment terms, we recommend that all parents in their own interest participate in the Plan. Please contact the Business Office if you have further questions at 881-6262, ext. 1630.

Parents are reminded that after August 31st, no refund of fees can be made except as provided under the optional Tuition Refund Plan. It is understood that students are enrolled for the entire school year or such portion as may remain after the date of entrance. The fact that the school fees are paid in one or more installments does not constitute a fractional contract. Coverage under the Plan is contingent upon payment of the Insurance Charge within ten days from the first class day of the Academic year.

Dear Parents,

The following information is needed for the Basic Educational Data System Report of Non-public Schools, as well as Power School which is Nardin's data base of family information. We would appreciate your cooperation in answering these questions. Please print carefully. Thank you!

Child's Name _____ Grade in September 2015 _____

Please check one category for the student:

- | | |
|---|-------------------------------------|
| Asian..... () | Other (please specify): _____ |
| Black..... () | Multi-Racial..... () |
| Native Alaskan () | o Asian |
| Native American () | o Black |
| Pacific Islander/Native Hawaiian..... () | o Native American or Native Alaskan |
| White..... () | o Pacific Islander/Native Hawaiian |
| | o White |

Is the student Hispanic, Latino or of Spanish origin? Yes No

Religion of the student: _____

If Catholic, to which parish does your family belong? _____

School district that you live in: _____

Parent salutation: Please specify how you would like parents' name listed for mailing purposes (ex. Mr. and Mrs. Jonathan Doe) _____

Please specify the primary email address you would like used for our School Reach Email System (You may list more than one): _____

Emergency contact information:

Should an emergency occur during school hours and a parent/guardian cannot be reached, please list an emergency contact person ***other than the student's parents.***

Contact 1 Name: _____ **Relationship to student:** _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Contact 2 Name: _____ **Relationship to student:** _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Nondiscrimination Policy

Nardin Academy admits students of any race, color, national and ethnic origin to all rights, programs and activities generally accorded or made available to students at the school.

It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.