



**Enrollment Agreement: 2017 / 2018 School  
Year**

Date: \_\_\_\_\_ Student's Full Legal Name: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Tel. Number \_\_\_\_\_

Email \_\_\_\_\_

Parent's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Tel. Number \_\_\_\_\_

Email \_\_\_\_\_

The undersigned agree to enroll \_\_\_\_\_ in Miami

Arts Montessori Academy in the \_\_\_\_\_ program.

The undersigned agree to the following terms and conditions:

1. (I/We) understand that all students will be required to pay a one-time only \$100 Application fee, and \$500 Materials and Activities fee. These fees are not applicable to tuition and they are non-refundable and non-transferrable and are due at time of enrollment.
2. (I/We) understand that this contract and above non-refundable fees must be returned to the school to reserve a place for my child. This is to be followed by a timely payment of one of the payment plans selected below.
3. (I/We) understand that the person(s) who sign this agreement are unconditionally and personally liable for full tuition for the program enrolled. (I/we) agree that no reduction or refund of (my/our) obligation to pay the full year's tuition and fees can otherwise be made for absence, withdrawal, or expulsion. Enrollment in the program entails responsibility for the entire year's tuition. There will be no reduction or remission of tuition fees if a student withdraws before the year is complete. All students are enrolled for the entire school year unless both parties expressly agree to the contrary in writing.
4. (I/We) understand that there is no reduction in tuition for months including holidays, spring, and winter breaks, vacations, teacher workdays, and unscheduled emergency closings. Tuition will be prorated for those students that start mid-year.
5. (I/We) understand that scheduled payments will be due on the 1<sup>st</sup> of the month. If tuition is not received prior to the 5<sup>th</sup> day of the month a \$50 late fee will be assessed. Also, failure to pay the tuition within 30 days may result in dismissal for non-payment and the school may declare the entire balance of charges immediately due and payable. Non-payment of amount due will be considered a violation of the Miami Arts Montessori Academy contract. Diplomas, Progress reports, Student Referral Requests and/or Recommendations will only be sent only if accounts are paid in full.
6. (I/We) understand that any unpaid balance must be paid in full before enrollment can be granted for the following year.
7. (I/We) understand that should it be necessary for the school to engage an attorney to enforce its rights under this agreement, the undersigned agrees to pay such legal fees and costs. (I/We) understand that Miami Arts Montessori Academy shall be entitled to recover any and all costs incurred, including reasonable attorney's fees, in connection with any litigation arising out of the agreement. The student or student's parents or financial guardians do hereby covenant and agree to pay all costs, including reasonable attorney's fees, for enforcement of these provisions.
8. (I/We) agree to abide by all policies and procedures in effect at Miami Arts Montessori Academy. A Student Handbook will be provided that lists the policies and procedures in detail.
9. (I/We) understand that an email address is necessary to maintain periodic communication. Privacy policies will be strictly adhered to and can be found in the Student handbook.
10. Although there is no uniform requirement, (I/We) understand that proper attire must be worn daily and the guidelines found in the Student Handbook must be followed.
11. (I/We) understand that lunchboxes must be used if food is brought from home.
12. (I/We) understand that all items must be clearly marked with the student's name. (I/We) further understand that Miami Arts Montessori Academy is not responsible for damages or loss of personal belongings.
13. (I/We) give my child permission to participate in enrichment activities provided by an outside contractor.
14. (I/We) understand that the laws of the State of Florida and the Department of Health Regulations require that all students have on file prior to attending the first day of school specific records (Immunization, physical & health).
15. This contract shall be governed under the laws of the State of Florida. The venue of any action hereunder shall lie exclusively with the Circuit Court of Miami Dade County, Florida and the parties hereto consent to personal jurisdiction and expressly waive all rights to trial by jury.
16. (I/We) understand that this Agreement contains the entire agreement of the Parties and supersedes all prior Agreements and cannot be modified or changed except in writing agreed to by all parties.
17. The below signature acknowledges my full understanding and agreement to the terms of this contract.

**Tuition Payment Plan (Please check one)**

\_\_\_ **Full Payment** – 1 payment of \_\_\_\_\_ due by August 1<sup>st</sup>

\_\_\_ **Bi-annual** – 2 equal payments of \_\_\_\_\_ due on August 1<sup>st</sup> and January 1<sup>st</sup>

\_\_\_ **Installments** – Equal monthly installments of \_\_\_\_\_ are due on the 1<sup>st</sup> of each month. August 1<sup>st</sup> – May 1<sup>st</sup>

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this agreement with: PAYMENT AND/OR ANY ADDITIONAL ENROLLMENT FEES TO THE SCHOOL.

Please make checks payable to: Miami Arts Montessori Academy - Miami Arts Montessori Academy fully embraces diversity. We do not discriminate on the basis of gender, race, national origin, religious beliefs, age, marital status, disability, or sexual orientation.

**VIDEO/PHOTOGRAPH RELEASE FORM**

I hereby grant Miami Arts Montessori Academy (the "school") the irrevocable right and permission to use photographs and/or video recordings of my dependent \_\_\_\_\_ on school and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet such as in the school website and social media pages.

I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the school.

\_\_\_\_\_

Signature of parent authorizing release

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date

## Consent for Medical and/or Emergency Treatment

I, \_\_\_\_\_, hereby voluntarily consent to the rendering of emergency care “protocol”. This may call for professional judgment to be applicable in order to provide for the medical or emergency care of my \_\_\_\_\_.  
(Relationship) (Hereafter “dependent”) – Full Name

I further give my consent to the staff at Miami Arts Montessori, who will be caring for my dependent for the period of a typical school day along with any before and/or after care, as applicable, to arrange for emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Health Insurance Policy # and Group #

\_\_\_\_\_  
Personal Care Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of dependent

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Medications dependent is taking