



2024-25

For GMA Use

Date Received: _____

Reg. Rec'd: _____

Amount: _____

Pmt. Type/No.: _____

Student Enrollment Contract & Forms

1223 194 Business Loop East, Dickinson,
 ND • 58601 office@ndgma.com
www.grasslandsmontessori.com

PLEASE PRINT

Application Date: _____ **Start Date Requested:** _____
 (first day of school is 9/3/2024)

NAME OF CHILD: _____

Male Age: _____ DOB: _____
 Female Medical Conditions _____

Please indicate the desired academic program and any supplemental options you require.

Academic Day Program	Half Days	Full Days	Year-Round, please select one:
Toddlers (18mo-36mo)	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 8:30-3:30	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Childhood (3-5 yrs)	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 8:30-3:30	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kindergarten/1st Grade	-	<input type="checkbox"/> 8:30-3:30	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Program Supplements: (Mark any desired additions to your child's above selected program, if applicable.)

Extended Day	<input type="checkbox"/> AM Only (7:30-8:30)	<input type="checkbox"/> PM Only (3:30-6)	<input type="checkbox"/> AM & PM Both (7:30-8:30am & 3:30-6pm)
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MOTHER OR GUARDIAN

FATHER OR GUARDIAN

Name _____

Street address _____

City _____ Zip code _____

S. S.# (required) _____

E-mail _____

Home Phone _____ Cell Phone _____

Occupation _____

Business Phone _____

Hobbies & Interests _____

Name _____

Street address _____

City _____ Zip code _____

S. S.# (required) _____

E-mail _____

Home Phone _____ Cell Phone _____

Occupation _____

Business Phone _____

Hobbies & Interests _____

Enrollment Contract 2024-25

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Tuition, Fees, and Discounts

New Student Fee (does not apply to current GMA students)\$100

Non-Refundable Registration Fees Due at Enrollment

Program	Materials, Books, and Supplies	Activity Fee	Annual Staff Development Fee	Total Due @ Enrollment Current Students	Total Due @ Enrollment New Students
Toddler AM	\$40	**	\$60	\$100	\$200
Toddler All Day	\$60	**	\$60	\$120	\$220
Early Childhood PM	\$150	\$50	\$60	\$260	\$360
Early Childhood All Day	\$175	\$50	\$60	\$285	\$385

**Activity Fee will be charged per field trip for gas and any fees associated with activity

2024-25 Academic Day Program Tuition Schedule (Sept-May Enrollment)

Academic Day Program Regular School Year	2024-25 Annual Tuition	Paid in Full by August 01, 2024	10 Monthly Payment Plan (August 2024-May 2025)	Monthly Installments (for students registering after August 1 st ONLY)
Toddler AM	\$5,655	\$5,371	\$565	\$628
Toddler All Day	\$9,165	\$8,707	\$916	\$1,018
Early Childhood ½ Day	\$4,625	\$4,393	\$462	\$514
Early Childhood All Day	\$8,901	\$8,456	\$889	\$988

2024-25 Academic Day Program, Year-Round Tuition Schedule (Sept.-August Enrollment)

Academic Day Program Year-Round	2024-25 Annual Tuition	Paid in Full by August 01, 2024	12 Monthly Payment Plan (August 2024 - July 2025)	Monthly Installments (for students registering after August 1 st ONLY)
Toddler AM	\$7,536	\$7,159	\$628	\$684
Toddler All Day	\$12,208	\$11,597	\$1,017	\$1,110
Early Childhood ½ Day	\$6,161	\$5,853	\$513	\$560
Early Childhood All Day	\$11,890	\$11,296	\$990	\$1,080

2024-25 Optional Supplement Plans* (may be added to your above selection)

Optional Plan	2024-25 Annual Cost Regular School Year (Sept-May)	10 Monthly Payment Plan (August 2024-May 2025) Regular School Year Students Only	2024-25 Annual Cost Year-Round Program (Sept.-Aug.)	12 Monthly Payment Plan (August 2024 - July 2025) Year-Round Students Only
Extended Day AM Only	\$806	\$89 per month	\$1,078	\$89 per month
Extended Day PM Only	\$2,630	\$262 per month	\$3,151	\$262 per month
Extended Day AM & PM	\$2,969	\$291 per month	\$3,497	\$291 per month

Enrollment Contract 2024-25

This agreement is entered by and between Grasslands Montessori Academy, and the parent(s) or guardian(s) whose signature(s) appear below. The parties hereto accept the following terms and conditions governing the child's enrollment at the school.

Application:

I hereby apply for _____ DOB(m/d/y) _____

to be enrolled at Grasslands Montessori Academy in the Academic Day Program and any optional Academic Day Program supplements as selected. If for any reason, I withdraw from this contract, I understand and agree that all registration fees are nonrefundable.

Initials _____

Annual Contract: I understand and agree that I am signing an annual contract for the child listed on the contract. I agree to pay the tuition and fees due for the duration of the contract, regardless of the student's absence, withdrawal, suspension, or expulsion. The Montessori classroom is prepared to accommodate your child, and his/her space is reserved. The school cannot give credit for missed days due to vacation or illness.

Initials _____

Sibling Discount: A sibling discount of 5% is applied to the tuition of younger siblings enrolled.

Initials _____

Late Fees: Grasslands Montessori Academy will charge a \$50 flat fee plus \$5 per day late fee for installment payments not received in the main office by the 1st of each month. A \$30 fee will be assessed for returned checks.

Initials _____

Unpaid Tuition and Fees: I understand and agree that if payment of tuition and fees are not made in accordance with this Contract, the school shall have the right to refuse to admit the child to class. In the event the account becomes 30 days delinquent, it may be turned over for collection. I agree to pay all attorney fees, court costs, filing fees, including charges or commissions up to 50% of the principal balance that may be assessed to Grasslands Montessori Academy by any collection agency retained to pursue past due balances. I also agree to pay 1½ % per month (18% annual) interest on any outstanding amount due. I further understand and agree that there is a \$28 fee for checks returned for insufficient funds.

Initials _____

Specialized Services/Facilitator: Grasslands Montessori does not provide specialized services outside of our Montessori curriculum. If additional services are required, it is the financial responsibility of the parent and/or legal guardian of the child. Facilitators will be selected based upon mutual agreement between the parent/legal guardian of the child and the Director of Education of Grasslands Montessori Academy. The Facilitator's fees will vary depending upon the child's needs.

Initials _____

Parent Involvement: I understand and agree that either a \$225 donation, or 15 hours of participation per family are required each year. Families may choose to participate in a lesser number of hours and donate the difference (\$15 per hour). The family is responsible for recording time participated at the GMA office. The family will be notified in Jan. 2025 of completed hours thus far, and billed May 1, 2025, for any uncompleted hours at \$15/hour.

Initials _____

Optional Program Supplements: The annual cost for any Optional Program Supplement I choose to enroll my child in is billed according to my selected payment option as outlined in this contract as a courtesy to me. If for any reason, during the duration of this contract, my child should receive a Grasslands Montessori Academy *approved* withdrawal or dismissal from either the school itself and/or any program supplement I have enrolled my child in, I understand that the annual cost of each enrolled Optional Program Supplement will be reviewed and prorated according to usage up to the last day of my child's attendance and also any required notice that should be applied as outlined in this contract. Any amount due, if applicable, will be my financial responsibility and will be included in my final payment to Grasslands Montessori Academy. Grasslands Montessori Academy will not issue refunds or credit for missed days from any supplemental program due to an early withdrawal or dismissal not approved by Grasslands Montessori Academy.

Initials _____

Enrollment Contract 2024-25

Payment Options: I hereby choose and agree to the following payment option(s) for monies due:

Academic Day Program Annual Tuition

- Annual payment: I will pay the full 2024-25 annual tuition, less the 5% discount, to Grasslands Montessori Academy on or before August 01, 2024. Payment may be made by check or money order only. Initials
10 Monthly installments (August 2024-May 2025): I will pay the full 2024-25 annual tuition in 10 monthly installments, due on the 25th of the month prior to the month being billed, i.e., the August 2024 payment is due July 25th, 2024. Monthly payments are made to Grasslands Montessori Academy, directly. The fact that the school allows tuition and fees to be paid in installments does not create a fractional contract or in any way relieve the parent of the responsibility of the entire school year's tuition. Installments may be paid by cash, check, or money order. Initials
12 Monthly installments (August 2024-July 2025), applies to year-round students ONLY: I will pay the full 2024-25 annual tuition in 12 monthly installments, due on the 25th of the month prior to the month being billed, i.e., the August 2024 payment is due July 25th, 2024. Monthly payments are made to Grasslands Montessori Academy, directly. The fact that the school allows tuition and fees to be paid in installments does not create a fractional contract or in any way relieve the parent of the responsibility of the entire school year's tuition. Installments may be paid by cash, check, or money order. Initials
Monthly installments (applicable ONLY to students registering AFTER August 1, 2024): I will pay tuition in monthly installments, due on the 25th of the month preceding each enrolled and contracted month. Monthly payments are made to Grasslands Montessori Academy, directly. The fact that the school allows tuition and fees to be paid in installments does not create a fractional contract or in any way relieve the parent of the responsibility of the entire school year's tuition. Installments may be paid by cash, check or money order. Initials

Optional Academic Day Program Supplements

I understand that the cost for my child's participation in any Academic Day Program Supplement is not included, and will be billed in addition to, the set annual tuition amount of our chosen Academic Day Program. Initials

Please add the 2024-25 annual cost for any Academic Day Program Supplements, as selected on page one of this contract, to the annual Academic Day Program tuition amount, and bill me in accordance to my preferred payment method selected above. Initials

I will pay the full 2024-25 annual cost of any Academic Day Program Supplements, as selected on page one of this contract, to Grasslands Montessori Academy on or before August 1, 2024. A 5% early payment discount will apply to the Extended Care Program Supplement ONLY. Initials

Child's Name:

Parent/Legal Guardian financially responsible for the child:

Print Name/Relationship Social Security Number (required)

Signature Date

Signature (Other Parent) Date

Received By:

Signature Date (Grasslands Montessori Academy)

Optional Academic Day Program Supplements

Must be completed at the time of enrollment for all children attending Grasslands Montessori Academy.

Extended Care is available only to children enrolled at Grasslands Montessori Academy at the time of use. The programs are structured with activities organized for the maximum benefit of our students. The lessons of grace and courtesy which are taught and practiced during school time will also be expected during these times.

Extended Care:

Hours: Extended Care is available on all regular school days from 7:30am-8:30am, and 3:30pm-6pm.

Fee for Late Pick-Up: \$5 per student, for every five minutes, or part thereof, past 6 p.m.

General Policies:	Anyone designated to drop off/pick up the child is required to sign the child in and out. Any part, or all of the morning and/or afternoon activity times may be used. Drop-in extended care is offered based on availability of space. Children previously signed up for an extended care plan upon enrollment will be given priority. The drop-in rate of \$8/hr. apply to all children who are not previously signed up upon enrollment. Billing will be done in half hour increments, per child.
Drop-In Extended Care:	You will receive a monthly invoice, billed on the 1st of each month following any usage, and due by the 5th of said month. A \$50 flat fee plus \$5 per day late fee will be applied after the 5th of the month on any unpaid balance. A \$28 fee will be assessed for returned checks. No discounts apply. Failure to pay by this date will render your child(ren) unable to participate further in the program until payment is received in full including any accrued late fees.

Student's Name _____

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Parent Signature _____ Date _____

Other Parent or Guardian Signature _____ Date _____

For students enrolled in an Extended Day Program, please indicate the student's anticipated arrival and departure times and days.

Approximate morning arrival time: _____ Approximate afternoon departure time: _____

Choose all that apply: Monday Tuesday Wednesday Thursday Friday

Authorization to Administer Medication and Release

GMA staff will not dispense any medication, either prescription or non-prescription, unless it is brought in personally by the Parent or Guardian with a signed permission form and written directions for GMA staff to administer medication.

Please notify the GMA office if you need a permission form.

I, _____(name), am the parent or legal guardian of _____.

I authorize and direct Grasslands Montessori Academy LLC (Grasslands Montessori Academy LLC shall hereinafter refer to Grasslands Montessori Academy LLC and its agents, directors, and employees) to administer medication to my child as described below.

Grasslands Montessori Academy will administer prescription medication only from the container from which a registered pharmacist dispensed it, and only in accordance with the instructions printed on the container by my registered pharmacist. Grasslands Montessori Academy will not administer prescription medication to my child from a container, which indicates that the prescription has expired, or that the prescription was not issued for my child. I hereby waiver, release and discharge any and all claims against Grasslands Montessori Academy for damages for death, personal injury or property damage I or my child may suffer as a result of Grasslands Montessori Academy LLC administration of prescription medication in accordance with its printed instructions.

Grasslands Montessori Academy will administer non-prescription medication according to my written instructions. I accept full responsibility for the consequences of administration of non-prescription medication according to my instructions. Grasslands Montessori Academy shall have no duty or obligation to check the reasonableness or propriety of my instructions and I waive, release and discharge any and all claims against Grasslands Montessori Academy for damages for death, personal injury or property damage I or my child may suffer as a result of Grasslands Montessori Academy administration of non-prescription medication in accordance with my instructions.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child’s right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Grasslands Montessori Academy for the activities or occurrences described. I believe and represent that I have legal authority to make the waivers and releases contained herein and I agree to indemnify and hold harmless Grasslands Montessori Academy for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Parent/Guardian _____ Date _____

Student Photo Release

Students Name _____

Permission is granted to use pictures of my child or my child’s works for articles in the newspaper, brochures, website displays, classroom materials or other school-related purposes.

Parent/Guardian _____ Date _____

Family Directory/Information Release

As a convenience to our families, Grasslands Montessori Academy provides on request a classroom list of student names, parent names, birth dates, addresses and home phone numbers. These lists are to be used by our students’ families for the sole purpose of facilitating communication and relationships between GMA families.

Students Name _____

Permission is granted for my student’s name, parent names, birth date, home address and home phone number to be included in the Grasslands Montessori Academy family directory.

Parent/Guardian _____ Date _____

Emergency Medical Authorization and Release

I, _____ (name), am the parent or legal guardian of _____.

I understand and acknowledge that my child may require first aid and/or emergency medical care for illness or injury occurring at Grasslands Montessori Academy LLC. (Grasslands Montessori Academy shall hereinafter refer to Grasslands Montessori Academy LLC, its agents, directors, and employees), or on field trips conducted by Grasslands Montessori Academy. If my child should be or appear to be injured, I hereby authorize Grasslands Montessori Academy to render such first aid to my child as appears reasonably necessary under the circumstances; and to take such actions as appear reasonable, necessary, or in the best interest of my child and other children. Grasslands Montessori Academy may transport my child to the doctor named herein or to a hospital or emergency center, which Grasslands Montessori Academy may, in its sole discretion, determine to be appropriate under the circumstances. I further confer upon Grasslands Montessori Academy requisite authority to act in my place and stead in authorizing medical care found necessary or advisable by a health care professional. In the event my child should suffer an emergency requiring professional medical services, Grasslands Montessori Academy will use reasonable efforts to notify me as soon as possible but will not delay authorization of needed medical treatment. In the event that Grasslands Montessori Academy is required to accept financial responsibility to obtain medical care for my child, I hereby unconditionally guarantee prompt and full payment for all medical services rendered. I further agree to reimburse, indemnify, and hold harmless Grasslands Montessori Academy for all medical costs and expenses incurred on behalf of my child and all other sums of any kind related to such medical expenses.

I hereby WAIVE, RELEASE AND DISHCHARGE ANY AND ALL CLAIMS against Grasslands Montessori Academy for damages for death or personal injury my child may suffer as a result of (1) efforts by Grasslands Montessori Academy to render first aid; or transport my child to or from a doctor, hospital or emergency room; (2) handling, diagnosis, treatment or care of my child by a doctor, hospital, emergency center, or emergency transport provider; and (3) failure to render or seek first aid or medical care. Each waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child’s right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Grasslands Montessori Academy for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Grasslands Montessori Academy for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases. I have read, understand, and agree with the terms and conditions above.

Parent/Guardian _____ Date _____

Student’s Full Name _____ DOB _____

Mother’s Name _____ Work Phone _____ Cell Phone _____

Father’s Name _____ Work Phone _____ Cell Phone _____

Child’s Doctor _____ Doctor’s Phone _____

Child’s Medical Condition(s) _____

Medical or Health Insurance Policy Carrier _____ Policy Number _____

Field Trip Authorization and Release

I, _____ (name), am the parent or legal guardian of _____.

I authorize and direct Grasslands Montessori Academy LLC, (Grasslands Montessori Academy shall hereinafter refer to Grasslands Montessori Academy, LLC., its agents, directors, and employees) to transport my child on field trips. I also hereby grant permission for parent volunteers to transport my child on field trips and for my child to participate in field trips. Students enrolled in Grasslands Montessori Academy routinely take field trips. During these field trips, students may be required to walk or be transported in Grasslands Montessori Academy or parent volunteer vehicles. Grasslands Montessori Academy strives to offer a safe and educational experience for your child. Grasslands Montessori Academy will not be liable for any incidents or accidents occurring during transportation or participation in a field trip. I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Grasslands Montessori Academy for damages, for death, personal injury, or property damage I or any child may suffer as a result of being transported by a parent volunteer or Grasslands Montessori Academy or participation in a field trip.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Grasslands Montessori Academy for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Grasslands Montessori Academy for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Parent/Guardian _____ Date _____