Alexander Graham Bell Montessori School and AEHI Parent Contract

*Please read and acknowledge each statement. Inserting your initials after each statement is considered your electronic signature and acceptance of each statement.*

1. I/We agree to read and adhere to the policies of AGBMS-AEHI as written in the Parent Handbook which can be found on the website: [www.agbms.org](http://www.agbms.org); \_\_\_\_initial
2. AGBMS-AEHI may take the child/ren, ages 4 and up, on field trips off campus when parents are properly notified and children are chaperoned by adults; \_\_\_\_initial
3. The school may take photographs and video recording of my child/ren for school use in the following ways (please check appropriate boxes below): \_\_\_\_initial

[ ] In print; on [www.agbms.org](http://www.agbms.org) website

[ ] Kaymbu infant and toddler communication

[ ] Montessori RX

[ ] Kid Blog – Elementary and Childrens House communication

[ ] None of the above

1. I/We understand the child/ren is begin on a six-week trial basis to ensure a good fit; \_\_\_\_initial
2. I/We agree to pay the tuition as specified. In the event I/we decide to withdraw the child/ren, I/we agree to provide a 30-day written notification. Failure to do so will forfeit balance of the month tuition. \_\_\_\_initial
3. I/We agree to keep the terms of our tuition/scholarship confidential. Discussion of tuition rates with others could result in an adjustment of current agreement. \_\_\_\_initial
4. The school year is based on 10 months for children ages 3 and up, and 12 months for ages under 3. Tuition is charged as total year divided into 10 or 12 equal installments. During this time, there are several days the school is closed. I/We acknowledge these days are not included in tuition. If CARE days are offered, there is an additional fee. \_\_\_\_initial
5. I/We agree to the AGBMS guidance and discipline policy put forth in the Parent Handbook available online. \_\_\_\_initial
6. Cell phones are not to be used on school grounds. Please keep your full attention on driving safely and the correct way in the parking lot and escorting your child in/out of the building by holding their hand. Children are to be supervised at all times by parents prior to bring into class in the morning and upon pick up in the afternoon/evening. \_\_\_\_initial
7. The school day ends at 3:30 and pick up is until 3:45 pm. Children enrolled in PM care must be picked up by 6:00pm. A late fee will be assessed in $25 per portion of 15 minutes. Ex. 1 to 15 minutes late=$25; 16-30 minutes late = $50; and so on. \_\_\_\_initial
8. I/We understand that if my child/ren is sick and either sent home from school or kept out due to fever, vomiting, diarrhea, or a contagious illness, my child/ren MUST BE SYMPTOM FREE FOR 24 HOURS before being allowed to return to school. \_\_\_\_initial
9. I/We agree to the fundraising expectation as written in the Parent Handbook: AGBMS expects each family to participate in raising funds for our school. Each family shall donate or fundraise $500 to further cover educational costs. Contributions can also be made in the form of donated time or in-kind donation match from your employer. AGBMS is a 501(c)(3) charitable organization and any contribution is fully tax deductible. *\*\*This contribution is included with monthly invoice in 4 payments of $125 in September, November, February, and April.* \_\_\_\_initial
10. In the event of a medical emergency, your child will be taken to Glenbrook Hospital by the Wheeling paramedics. If we are unable to reach you or the parent/guardian emergency contact, we will contact your child’s physician as stated on the emergency card. \_\_\_\_initial

**I/We acknowledge that we have received a copy of this contract and agree to abide by the policies and procedures of AGBMS. By entering your name below, you agree that you have read through this contract and agree to abide by the policies and procedures of AGBMS.**

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_