Alexander Graham Bell Montessori School Parent Contract

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

1. I/We agree to read and adhere to the policies of AGBMS as written in the Parent Handbook posted on our website. _____initial
2. All students enrolled at AGBMS are required to provide a State of Illinois Certificate of Child Health form with up-to-date immunization records, or Certificate of Religious Exemption to Required Immunizations and/or Examinations form regardless of grade. _____initial
3. AGBMS 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
4. 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
   - ☐ For the school website www.agbms.org
   - ☐ **Transparent Classroom - required for daily parent communication.**
   - ☐ Advertisement (Facebook, Instagram, Google, Yelp, printed media, etc…)
   - ☐ None of the above
5. I/We understand that the child(ren) will attend on a trial basis for up to six (6) weeks to ensure the program is a good fit for the student. If at any time during or after this trial period the program is no longer the best fit for the student, the school will notify the parents/guardians and work together to determine appropriate next steps. _____initial *(n/a current families)*
6. 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
7. I/We agree to keep the terms of our tuition confidential. Discussion of tuition rates with others could result in an adjustment of current agreement. _____initial
8. The school year is based on 10-months-August through May. Tuition is contracted and charged as a total year with 10 equal installments. During this time, there are several days the school is closed. I/We acknowledge that these days are not included in tuition, and if care days are offered, there is an additional fee. Additionally, if the school closes due to a public health emergency, tuition will continue to be due per the installment agreement._____initial
9. I/We agree to the AGBMS guidance and discipline policy put forth in the Parent Handbook on the website. _____initial
10. 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 being brought into class in the morning and upon pick up in the afternoon/evening. _____initial
11. I am responsible for providing a current copy of proof of medical insurance for my child(ren). _____initial
12. The school day ends at 3:15 and pick up is until **3:30 pm**. Children enrolled in PM care must be picked up by **5:25***. After 5:30 pm. a late fee will be assessed in $50 per portion of 15 minutes after your scheduled time. Ex. 1 to 15 minutes late=$50; 16-30 minutes late = $100; etc... _____initial ****or your agreed upon pick up time***
13. I/We understand that if my child is sick and is either sent home from school or kept out due to fever, vomiting, diarrhea or a contagious illness, my child may not return to school for 24 hours after symptoms subside and temperature is normal. If child becomes ill during school day, I will have the child picked up within 30 minutes of notification call. _____initial
14. I/We agree to the fundraising expectations as written in the Parent Handbook; _____ initial
    AGBMS expects each family at Alexander Graham Bell Montessori School to participate in raising funds for our school.
    Each family shall donate or fundraise $700 to further help cover the cost of their child(ren)'s education.
    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 $175.00 in September, November, February and April.

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 _____ Date _____

Parent Signature_____ Child/ren Name_____