



St. Paul's Episcopal Montessori School
1018 East Grayson, San Antonio, TX 78208

SY 2017/18 TUITION AGREEMENT
Toddler/Primary/Elementary Programs

Please read each paragraph, then initial ALL boxes in agreement to the terms outlined.

- 1. St. Paul's Episcopal Montessori School requires **\$50.00 non-refundable Registration fee.**
- 2. A **seat deposit is due with this agreement** and will be credited to the student's account for the current academic year. The receipt of this deposit and the signed agreement constitutes a contract that the student will attend St. Paul's for the **entire** school year. **The seat deposit is nonrefundable.**
- 3. The obligation to pay the agreed tuition is not subject to adjustment for illness, absence or any other reason. If it becomes necessary to withdraw your child, **written notice is required THIRTY DAYS PRIOR TO WITHDRAWAL.**
- 4. **Monthly tuition is payable on the first day of each month.** Late tuition will be subject to a \$10.00 late fee after the fifth of the month. Late fees will increase in \$10 increments for every week or partial week thereafter. Insufficient funded checks will have a \$25.00 fee assessed.
- 5. **Hours for extended care are from 3:15 -5:15 p.m.** There will be a **\$1.00 per minute late fee charge** for students **picked up after 5:30 p.m.**
- 6. If the undersigned has medical insurance, that policy will be considered primary insurance provider for medical expenses incurred for accidental illness or injury on the School/Church's property.
- 7. St. Paul's reserves the right to terminate this agreement if the student's behavior or lack of cooperation is deemed unacceptable or if tuition payments are overdue. If the school exercises its right under this section to terminate the agreement, appropriate tuition rebates will be determined on a case-by-case basis.

School Academic Calendar - August 21, 2017 to May 31, 2018

I have read and understand, and agree to be bound by these policies.

Parent/Guardian Signature _____ Printed Name _____

Parent/Guardian Signature _____ Printed Name _____

Date _____ Child/children enrolled _____