

Enrollment Contract



Contact Information

Student Name _____ Date of Birth _____

Parent/Legal Guardian _____ Phone: home/work/mobile (circle one) _____

Street Address _____ City _____ State _____ Zip code _____

Email Address _____

Emergency Contacts & Pick Up Authorization

Name and Relationship to Student _____ Phone: home/work/mobile (circle one) _____

Name and Relationship to Student _____ Phone: home/work/mobile (circle one) _____

Name and Relationship to Student _____ Phone: home/work/mobile (circle one) _____

Please list all persons authorized to pick up the student _____



Emergency Release

Primary Care Physician

Phone

Dentist

Phone

MEDICATIONS & ALLERGIES

List any medications the student is taking:

Medication

Dosage

Medication

Dosage

Medication

Dosage

Please list any allergies the student has:

Photo Release

As the parent of a child at Little Sprout Montessori I agree to the following:

_____ I understand that my child, listed below, may be photographed at Little Sprout Montessori during normal school hours, field trips, or activities. (Please initial)

_____ I understand that these photographs may be used in school newsletters or uploaded to the Little Sprout Montessori website and/or Facebook page. When names are added, only first names will be used. (Please Initial)

- Yes, I confirm that I have read and understood the above, and agree to release the use of my child's photographs to Little Sprout Montessori.
- No, I do not wish to have my child's photographs published

Sign

Date

252-723-4822



littlesproutmontessori.com

518 Cedar Point Blvd, Cedar Point, NC 2858



Brain Builders

- I would like to enroll my child in the Brain Builders Program
- I would NOT like to enroll my child in the Brain Builders Program

If you have selected yes to enroll your child in Brain Builders complete the section below:

- _____ I read the policy regarding naps and lunch in the Family Handbook. (Please Initial)
- _____ I understand that this program is an additional fee that will be billed monthly. (Please Initial)

Family Handbook

I, _____, the parent/guardian of

_____ have received and reviewed all information in the Family Handbook. By signing this contract I am agreeing to all terms, conditions and commitments set forth in the Family Handbook.

Sign _____

Date _____

The following forms are required by the School and the State of North Carolina for all students files.

Students may not begin school until all forms are returned to the school.

Please ensure these are submitted with this contract.

Forms marked * must be updated as changes occur.

- Enrollment Contract and Enrollment Fee
- Contact Information & Pick-up Authorization *
- Emergency Medical Care Information & Authorization *
- Tuition Schedule
- Immunization History *
- Birth Certificate
- Medication Authorization Form (only if needed) *

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Tuition Schedule



Annual Tuition

Before Care \$1350
 Morning Program \$4350
 Brain Builders \$3500

One Time Payment

_____ Morning Program \$4250
 _____ Before Care with Morning Program \$5500
 _____ Morning Program with Brain Builders \$7650
 _____ Morning Program with Before Care and Brain Builders \$8900

Totals include a Paid in Full discount of \$100 per program. Payment must be made on or before August 15, 2024.

9 Monthly Payments

	August 15 Oct - May 1	
_____ Morning Program \$4350	\$510	\$480
_____ Before Care with Morning Program \$5700	\$660	\$630
_____ Morning Program with Brain Builders \$7850	\$890	\$870
_____ Morning Program with Before Care and Brain Builders \$9200	\$1040	\$1020

Payments due on the 1st of every month.
 First payment is due on or before August 15, 2023.

10 Monthly Payments

	August - May 15
_____ Morning Program \$4350	\$435
_____ Before Care with Morning Program \$5700	\$570
_____ Morning Program with Brain Builders \$7850	\$785
_____ Morning Program with Before Care and Brain Builders \$9200	\$920

Payments due on the 15th of every month.
 First payment is due on or before August 15, 2023.

