

Balas Montessori
Tuition Contract
2025-2026 School Year

My child receives funding from the state.
My case worker is : _____

I wish to enroll _____, in the Balas Montessori (M/W/F, T/Th or 5-day) _____ program for the 2025-2026 school year at a cost of \$ _____/month. (scheduled times: _____) I am enclosing a \$150 non-refundable registration fee (for new students only). I understand that there will be at least 30 days' notice of any rate change.

Select box for Month you are enrolling.
(You cannot choose, it is based on the month you enrolled.)
*Below prices are full day prices.
Half day prices available upon request

- Please select how you will be paying/have paid the school year:
- Paying Monthly
 - Pay in full with 20% discount
 - Paid in full
 - We paid the rate-lock fee of \$350.00 in fall of 2024.

- | | | |
|--|---|---|
| <input type="checkbox"/> Cost Saver Pricing (12mo/June)
T/TH-\$475/month
M/W/F-\$600/month
M through F-\$825/month | <input type="checkbox"/> 11 month Pricing (Starting July)
T/TH-\$518.18/month
M/W/F-\$654.55/month
M through F-\$900.00/month | <input type="checkbox"/> 10 mo. Pricing (Start Aug. and after)
T/TH-\$570/month
M/W/F-\$720/month
M through F-\$990/month |
|--|---|---|

During your child's trial period (first 2 weeks) we will evaluate your child in many areas to determine if this program is a correct fit. If it is determined the program is not the right fit, you will be refunded your tuition on a prorated basis.

If you enter, leave, or change programs after the 1st day of school, your tuition will be prorated accordingly. Discounts can be made for illness related absences of more than 10 consecutive days. Please discuss any illness related absences with Mrs. Balas. **If you choose to discontinue the program for any reason, a 30-DAY WRITTEN NOTICE IS REQUIRED. You are financially obligated without exception, for that 30-day period. This fee is due at the beginning of your enrollment with Balas Montessori (as a non-refundable deposit).** Please contact me as soon as you are aware of any changes you will be making. Tuition is due on the 1st of each month. If payment is not received by the 1st, a \$40 late charge will be added for tuition received after 5 PM on the 1st of each month, no exceptions, in addition a 5% penalty will accrue daily until tuition is current. Any accounts 30-days past due will be turned over to our collection agency...H.P. Sears located in Bakersfield, CA. Should payment not be made by the 20th, I must begin a leave of absences for your child that will continue until tuition is current. If payment or satisfactory arrangements are not made by the 1st of the following month, I may fill your child's space with another child from the waiting list. The Department of Social Services, which is my licensing agency, shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent. I will make provisions for private interviews with any child(ren) if the need should arise. I will also allow examination of all records relating to the operation of the facility. The Department of Social Services shall have the authority to observe the physical condition of any child(ren), including conditions which indicate neglect, abuse, or inappropriate placement. The Department of Social Services shall have the authority to have the child(ren) examined by a licensed medical professional.

I have received, read fully, and agree to accept the above tuition and admission policies.

Parent/Guardian Signature _____ Date _____

School Signature _____ Date _____

Contact Information:

Parent Name: _____

Email: _____ Phone number: _____