



## Preschool Enrollment Agreement 2015-2016

Student Last Name: _____		Student First Name: _____		MI: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth: _____		Age: _____	Phone: _____			
Parent Last Name: _____		Parent First Name: _____		Email: _____		
House number	Street Name	Apt. Number	City	State	Zip Code	

**Children must be at least 3-years-old by September 1, 2015. All 3, 4 and 5 year olds are welcome.**

### 2015-2016 Tuition Fees

Primary Program: FIVE Full Days 8:00 a.m. – 3:25 p.m. Tuition: \$4,914.00

A NON-REFUNDABLE TUITION DEPOSIT OF \$300.00 IS DUE AT THE TIME OF ENROLLMENT AND IS APPLIED TO YOUR FINAL PAYMENT OR TOWARD NEXT YEAR'S TUITION DEPOSIT. \*This will be refunded if we do not have enough students to run the program as of July 17, 2015.\*

We agree to pay the total tuition of \$4,914.00 for the 2015-2016 school year: \_\_\_\_\_  
Initial Date

### Choose one payment option:

\_\_\_\_\_ Single payment payable to **Morey Public School Academy**.

\_\_\_\_\_ Nine installments of \$546.00 payable to **Morey Public School Academy** on the 1st of each month, September 2015 through May 2016.

Tuition deposit (\$300.00) \$ \_\_\_\_\_

Total Amount Included \$ \_\_\_\_\_

Tuition Balance due \$ \_\_\_\_\_

Check Number \_\_\_\_\_

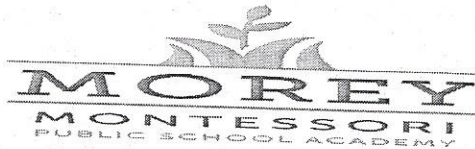
(Please make checks payable to **Morey Public School Academy**)

**As the parent or legal guardian of the student(s) referred to on this agreement hereof or person who assumes the financial obligation herein, I understand and agree to the following:**

\_\_\_\_\_ Teachers are employed and materials are purchased when students are enrolled. Therefore  
(Initial) agreements are for one complete school year. The tuition deposit is due at the signing of this agreement.

*Morey Public School Academy (Morey PSA) reserves the right to ask for withdrawal of your child if any of the following occur:*

1. Non-payment of tuition for 30 days.
2. If we are unable to meet the needs of your child in our program, we will do everything we can to help you place your child in a more suitable environment.
3. Morey PSA reserves the right at all time and in its sole discretion to dismiss the student for repeated failure of the child or the child's parents to follow rules and policies as established for the safety of all our children and personnel.



Release and Waiver

1. We agree to release Morey PSA, its Board Members, employees and volunteers from all claims, causes of action, damages, liabilities, and losses arising out of or resulting from the student's participation in Morey PSA programs, to the extent permitted by law, except for acts or omissions involving willful conduct by a board member, employee or volunteer of Morey PSA.
2. I understand my child must be able to **take care of his or her toileting needs independently** of the adults in order to be eligible to attend the Morey Montessori Preschool Program. (We are not staffed to handle extra toileting needs.)

To Note

- Preference will be giving to siblings of children currently enrolled in Morey's K-8 program.
- If your child is accepted, parents will receive an acceptance letter in the mail.
- If your child is put on a waiting list, you will be notified by mail if an opening becomes available.
- Your child must be in attendance on the first day of school: September 1, 2015.

Morey PSA does not discriminate in its admissions, school policies, and educational policies on the grounds of race, religion, national origin, or gender. We are an equal opportunity employer and hold no political beliefs in administration of its educational policies, admission, or other school-administrated programs.

**I read and understand, accept and agree to the terms and conditions on all pages of this agreement.**

PARENT'S SIGNATURES REQUIRED

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

**Return Application to:**  
Morey Public School Academy  
418 West Blanchard Road,  
Shepherd, MI 48883

**\*Office Use Only\***

Date Submitted: \_\_\_\_\_  
Time Submitted: \_\_\_\_\_

**Required Documentation**

1. Original Birth Certificate (with raised seal) \_\_\_\_\_
2. Immunization Record \_\_\_\_\_
3. Parent Drivers License \_\_\_\_\_
4. Custody Verification (if applicable) \_\_\_\_\_
5. Health Appraisal \_\_\_\_\_
6. IEP (if applicable) \_\_\_\_\_