

The Living School:

Education Outside the Box

954-465-5413

thelivingschooleob@gmail.com

Overview 2024/2025

The following is a check list of items that need to be reviewed. Please make sure that all items have been addressed. Please initial each item.

Once the registration process has been completed, I am committed to paying tuition for the school year which is 35 weeks or the remainder of the pre-advised year. Emergency situations will be handled on a case-by-case basis. _____

Tuition payments are due as outlined in the contract. Any payments received late will incur a 10% late charge.(self-pay only) _____

Late drop-off (end of trip) of more than 10 minutes will result in a \$25 charge. _____

Late pick-up (beginning of trip) of more than 10 minutes will result in the parent driving the student to the location or forfeiting the class that day. _____

If a student is sick **or misses class, the student** forfeits the class that week and is still charged to hold his/her seat.

Classes will be closed for the following holidays: Sept. 2- Labor Day, one (1) week for Thanksgiving, two (2) weeks for Christmas, and one (1) week for Springs Break. _____

In cases of inclement weather, we will follow the Broward County Schools and/or Palm Beach County Schools. _____

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Payment Contract 2024/2025

Fees shall be calculated at a rate of [\$120] dollars a day for a minimum of 35 weeks or remaining classes of tutoring with a (\$300 per student) one time fee for curriculum design appointment, admission costs, materials, and administrative costs.

Payment shall be made in advance with the first payment due August 10th and then as follows: (initial one)

___ 1 field trip a week:

\$4,000 paid before classes begin

OR

\$120 weekly (\$4,200)

___ 2 field trips a week:

\$7,700 paid before classes begin

OR

\$240 weekly (\$8,400)

Accepted methods of payment:

- Cash

- Zelle

- Credit Card (will be charged 3.5% for ea. transaction)

- Gardiner Scholarship student number _____

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Once my student has begun classes, there will be a one (1) week opportunity to change days if space is available. After that date, I will be expected to make contracted payments through the end of the year. _____

If my student is unable to complete a class due to illness or any other reason, the student forfeits the class that week and is still charged to hold his/her seat. Once payment has been made, even if made in advance, funds are non-refundable.

Payments received after the contracted agreement will be considered late and are subject to a 10% late fee. _____

I understand that if payment is not received after 2 classes my student may not attend class until payment is rendered. If payment is not made, students will be disenrolled from the class. _____

Cancellation Policy: I understand that the registration fee paid is non-refundable even if my student does not start the program. _____

Parent Signature _____

Date _____

Parent Name _____

Credit Card to be kept on file:

Name on card _____

Credit Card # _____ Expiration Date _____

CVC Security # _____ Zip Code _____

Signature Authorization