

☐ PARENT COPY
☐ SCHOOL COPY



Academic Year
2026-2027

Enrollment Contract

To reserve a place for your child for the academic school year, please return all forms with a non-refundable application fee of \$125 for new children. For returning students, there is a non-refundable application re-enrollment fee of \$100.

Check or money order should be made payable to: Imagine South Slope Montessori, Inc.

If Imagine South Slope Montessori cannot accommodate your child, all fees and deposits will be refunded.

Child's Last, First Name: _____

Parent's Name: _____

Address: _____

Work Phone: _____ **Home/Cellular:** _____

Email: _____

This application is for *check one*: ☐ First Child ☐ Second Child* ☐ Third Child*

Program Schedule

Check the Session and Duration of your choice.

Sessions	Duration		
	Part Time		Full Time
2 Day Program	<input type="checkbox"/> 9am - 12pm \$6,248	<input type="checkbox"/> 12pm - 3pm \$6,248	<input type="checkbox"/> 9am- 3pm \$12,357
3 Day Program	<input type="checkbox"/> 9am - 12pm \$8,811	<input type="checkbox"/> 12pm - 3pm \$8,811	<input type="checkbox"/> 9am - 3pm \$17,036
5 Day Program	<input type="checkbox"/> 9am - 12pm \$13,581	<input type="checkbox"/> 12pm - 3pm \$13,581	<input type="checkbox"/> 9am - 3pm \$26,378

Tuition Schedule

Installment	Due Date	Amount Due
First 20%	May 1st, 2026	
Second 40%	September 7th, 2026	
Third 40%	January 4th, 2027	
Tuition Total		

*Imagine South Slope offers a tuition discount for families where more than one sibling is enrolled (starting with the 2nd child). The tuition(s) paid by the family are reduced by ten percent (10%).

Continued...

Child's Last, First Name: _____
Parent's Name: _____

I (We), the undersigned, being the parent(s) or guardian(s) or legal custodian(s) of the above named child, in consideration of acceptance of said child into the Montessori program of Imagine South Slope Montessori, Inc., do hereby make the following agreements, representations and promises:

I agree to be liable for the full amount of the tuition upon execution of this Enrollment Contract ("Contract"). I understand that tuition is assessed annually and that a payment schedule of three installments has been availed to me. I realize that my payments are not applied to any particular month in which it is paid but to the entire year's tuition. I understand that missing one or more payment may result in my child not being allowed to attend school until all payments due are paid.

I have agreed to a non-refundable deposit equivalent to 20% of the tuition for the academic year. The remaining balance will be due in two equal parts: second installment 40% and third installment 40%. Payments are due as noted above. A 10% late charge will be added to any installment payment that is not in the school by or before 4:00pm of the 5th business day of the month in which it is due. In the event that my check is returned by the bank for insufficient funds, a \$35 returned check fee will be charged in addition to the 10% late fee. If I have two checks returned for insufficient funds, further payments will be remitted in a form agreed upon with the school Director. Should any indebtedness evidenced by the contract be collected by or through an attorney at law, I agree that Imagine South Slope Montessori shall be entitled to collect attorney's fees and the total amount of indebtedness.

The school year is 10 months, from September through June. Imagine South Slope Montessori follows the NYC Department of Education Public School calendar for holidays including one week for each of the following; Winter Break, Mid-Winter Break, and Spring Break.

I understand that my child is expected to attend school every day, to arrive on time, and to stay throughout the scheduled hours. I understand that I should not pick up my child early and agree to schedule medical appointments outside of school hours whenever possible. I agree to provide a written note anytime my child is absent.

I understand and embrace my role as a full partner in the education of my child and agree to work cooperatively with, and support the school's personnel in their efforts to educate my child.

I agree to grant permission for my child to accompany his/her class on all field trips organized and conducted by Imagine South Slope Montessori in furtherance of Montessori program goals.

I agree that I will attend parent meetings and conferences, open houses and other scheduled events, with a commitment to learn as much as possible about Montessori philosophy and methodology.

I understand that I am primarily responsible for assuring that my child values education,

Parent's Initials _____
Continued...

Child's Last, First Name: _____
Parent's Name: _____

respects the rights of others, attends school regularly, and follows all school rules and regulations. I understand that discipline is a partnership between school and family and that upon request by Imagine South Slope Montessori staff, I will immediately come to the school to remove my child from school in order to modify unacceptable student behaviors. I understand that Imagine South Slope does not offer in-school suspension and that continued disruption may result in my child being removed from the school indefinitely.

I agree that Imagine South Slope Montessori does not provide meals and that I am responsible for providing my child's lunch daily. This should include one item from each of the 5 food groups. I agree not to send or bring any candy, gum, or soft drinks to school for my child and understand that they may be disposed of in the event they are brought to school.

Before any medication is dispensed to my child, I will provide written authorization, which includes: Date, name of child, name of medication, prescription number, if any, dosage, date and time of day medication is to be given. Medication must be in original container with child's name marked on it.

My child will not be allowed to enter or leave the school without being escorted by the parent(s), person authorized by parent(s), or school personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone #'s, emergency contacts, child's physician, child's health status, immunization records, etc.

Imagine South Slope Montessori agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which may affect my child.

In the event I want to withdraw my child from Imagine South Slope Montessori, the Contract will terminate if I provide written notice of withdrawal prior to August 1 for the intended school year. I may also terminate the Contract upon written notice at least thirty (30) days prior to withdrawal, and the Contract will terminate after the thirty (30) day period that follows. I agree to make all payments prior to the date of termination. Regardless of termination, the Application Fee and 20% Tuition Deposit is not refunded.

Imagine South Slope Montessori reserves the right to terminate this contract at any time and remove my child(ren) from the school.

I hereby promise and agree to indemnify and hold harmless and to absolve from liability for any injury or accident, whether such injury or accident should be fall my child or me, Imagine South Slope Montessori upon which premises such injury or accident may occur. This promise is given with the express intent that it accrue to the benefit of such third party owners of premises on which Imagine South Slope Montessori classes are located and in consideration of such third

Parent's Initials _____
Continued...

Child's Last, First Name: _____
Parent's Name: _____

parties having leased or rented to Imagine South Slope Montessori premises upon which Imagine South Slope Montessori may offer the program from which my child shall benefit, and in partial consideration, as recited above, of Imagine South Slope Montessori having accepted my child into its Montessori program. Nothing contained in this paragraph shall be construed to absolve such third party owners or their officers or agents, from liability for the consequences of their negligent acts or omissions or of their willful misconduct.

It is expressly understood and agreed by and between the parties here to that this Contract and the terms of which are hereby incorporated by reference, set forth all of the promises, agreements, conditions and understandings between Imagine South Slope Montessori, Inc. and the undersigned parent/guardian relative to the enrollment of the child or children listed on the Contract and that there are no other promises, agreements, conditions or understandings, either oral or written, between them other than herein set forth. It is further understood and agreed that no subsequent alteration, amendment, change or addition to the Contract shall be binding upon Imagine South Slope Montessori or the undersigned parent/guardian unless reduced to writing and signed by them, and by direct reference therein made a part hereof.

If Imagine South Slope Montessori chooses not to enforce any portion of the contract; it does not give up the right to enforce any other portion of the contract.

I acknowledge that I have received a copy of this Contract and agree to abide by the policies and procedures of Imagine South Slope Montessori, Inc.

Parent:

Director:

Print Name

Edith Villanueva

Signature

Signature

Date

Date