

Agape Montessori School

Parent Agreement Form

Open: Monday – Friday, 7:00am – 6:00pm

This contract is made for the care of _____.

(Child's name)

Child's D.O.B.: _____ Child's Age at Start Date: _____

Payments shall be due Monday of each week. This contract may be terminated by either the parent(s)/guardian(s) by giving a written notice of 2 weeks in advance of the ending date. The provider may immediately terminate the contract without giving any notice if the parent(s)/guardian(s) do not make payments when due.

The payment shall be \$ _____ per week for the following program:

Program Type: ___ Morning (8:30am – 11:30am) ___ Extended (7:30am – 12:30pm)

___ School Day (8:30am – 3:30pm) ___ Full Day (7:00am – 6:00pm)

Program Days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Enrollment Type: ___ Year-Round ___ School Year Only ___ Summer Only ___ Teacher's Child

Location: ___ Blackbob: 14435 S. Blackbob Rd. Olathe, KS 66062 (913-764-3456)

___ Mur-Len: 16550 W. 129th St. Olathe, KS 66062 (913-768-0812)

Registration Fee: _____ CC Ref # _____ Check # _____ Cash

Activities Fee: _____ CC Ref # _____ Check # _____ Cash

Prepaid Tuition: _____ CC Ref # _____ Check # _____ Cash

Parent's Name: _____

Parent's Phone Number: _____

Parent's Email Address: _____

Start Date: _____

How did you hear about us?: _____

The signature of the parent(s)/guardian(s) to this contract also indicates that they agree to abide by the written policies as laid out in Agape Montessori School's Parent Handbook. Changes to these written policies may be made, and a copy of the new handbook will be provided to the parent(s)/guardian(s).

Parent's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____