



Language Planet Montessori
4154 Shearon Farms Avenue, Wake Forest 27587
919 624 5515
languageplanetmontessori@gmail.com

Enrollment Contract
Academic Year 2025-2026

(Please print)

Student's name

First Middle Last

Birthday: _____
month / day / year

Gender: _____

We hereby apply for enrollment of the above child in the preschool program 9 am – 1 pm.

Parent/Guardian's Name 1: _____ **Relation to child** _____

Address _____

Zip Code _____ **Cell No** _____ **Work No** _____

Occupation _____ **Email** _____

Parent/Guardian's Name 2: _____ **Relation to child** _____

Address _____
(Complete only if different from the address above)

Zip Code _____ **Cell No** _____ **Work No** _____

Occupation _____ **Email** _____

Medical and other information

List medical information below eg. Allergies. Please provide relevant reports and forms.

If you are unable to fetch your child, please list the names of persons to whom your child can be released:

CHOOSE FROM THE FOLLOWING TUITION OPTIONS:

Please tick the applicable box, and circle your chosen days

- ☐ \$645 monthly (**1st Grade**)
- ☐ \$645 monthly (**Kindergarten**)
- ☐ \$615 monthly (5 days)
- ☐ \$535 monthly (4 days) MON TUES WED THURS FRI
- ☐ \$485 monthly (3 days) MON TUES WED THURS FRI
- ☐ Morning Care: 8am-9am MON TUES WED THURS FRI (\$15/day)
- ☐ After Care: 1pm to 3.30pm MON TUES WED THURS FRI (\$35/day)
- ☐ Upfront annual tuition payment (5% discount)
- ☐ Sibling discount (5%)

STARTING DATE _____

Please disregard if this contract serves as a re-enrollment contract

Previous school attended (if any) _____

We kindly ask that you fill out our Child Development Questionnaire. It will be sent via email once the Enrollment form has been submitted.

PLEASE NOTE FOR NEW STUDENTS :

Return this completed Enrolment Contract to the school to complete the application process. A New Family Fee of \$500 is due by the first date of attendance. The Family Fee is **not refundable**.

Agreement:

- I, the undersigned, agree to pay tuition in full **by the 1st day of every month**. (Not applicable for the annual tuition option).
- I, the undersigned, agree to pay monthly tuition via Brightwheel platform unless another method is discussed with the administration.
- I will provide a **30 day advance written notice** of intention to withdraw my child and terminate the enrollment. I also agree to settle all outstanding tuition fees in full by the termination date.
- I agree that should my child miss school days for any reason, Language Planet Montessori will not refund any portion of the due or paid fees, or be obligated to make up the missed days.
- Language Planet Montessori reserves the right to recover all legal fees necessary to complete this enrollment contract from the parent/s / guardian, listed on this contract.

Signature of Parent / Guardian

Today's Date

Print Name

This is the link for the school's closed facebook page:

<https://www.facebook.com/groups/205393469514327>

EMERGENCY CARE INFORMATION

Name of child's doctor _____ Tel No _____

Address _____

Hospital preference _____ Tel No _____

If a parent/guardian cannot be contacted, call:

Name _____ Relationship _____

Tel No _____

Name _____ Relationship _____

Tel No _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)