



2018–2019 ENROLLMENT AGREEMENT

Thank you for choosing the White Mountain Waldorf School for your child’s education. **To secure your child’s place, please fill out the enrollment agreement and return it to the office with \$500 non-refundable deposit - \$250 by March 15, and full balance by June 1, 2018. Non-Refundable deposits are required for each child.** Deposits will be credited from tuition balance. Tuition Insurance is mandatory and must be paid in full by **August 1st**. The White Mountain Waldorf School partners with **Smart Tuition** for the processing and collection of tuition and fees. **Please go online to enrollwithsmart.com to enroll and select your dates and payment plan.**

2018-2019 TUITION AND REGISTRATION FEES

<u>Program</u>	<u>Tuition</u>			<u>Payment Plan Options</u>
Elementary Grades 1-8	\$10,770			<u>Plan 1.</u> Annual
Early Childhood (EC)	<u>Mornings (M)</u>	<u>Full Day (FD)</u>	<u>Extended Day (ED)</u>	Paid in full by Aug.1
	8:00 - 12:00	8:00 - 2:30	8:00 - 5:00	<u>Plan 2.</u> Semi-Annual 2 payments: Sept/Jan
5 Days	\$8,170	\$10,310	\$3,074	<u>Plan 3.</u> Monthly 11 payments: Aug-Jun
4 Days	\$6,561	\$8,271	\$2,444	
3 Days	\$4,927	\$6,210	\$1,684	
2 Days	\$3,384	\$4,173	\$1,123	

- All additional fees are included in tuition
- 2% Tuition Insurance is due August 1st; all families must be insured and will be invoiced separately
- 5 Day Full Day Kindergarten is required for children entering 1st grade the following year
- Drop-in After Care if based on availability and must be reserved.
Daily Rates: \$25 until 2:30, Extended care add \$10

Please list students in age order from oldest to youngest:

Full Name	Birth Date	Program	Tuition	Less Deposit	2% Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Sub Totals	_____	_____	_____
		Total	_____	_____	_____

White Mountain Waldorf School Enrollment and Tuition Policies

Tuition Agreement

- I must have a tuition agreement filled out, signed, and on file before my child begins school. This is a legally binding contract. Tuition payments are due based on the date I select online with SMART Tuition to avoid late fees. (initial)_____
- The school reserves the right for conditional enrollment. (Initial)_____
- I have received and read the enclosed DEWAR Tuition Insurance brochure detailing the terms and conditions of coverage concerning this Plan. I understand that the Tuition Insurance is mandatory, to protect my yearly financial obligation under the terms of the Enrollment Agreement. This program insures tuition (prepaid and due) in the event of separation according to the terms of the policy. **Participation in DEWAR is required. Insurance will be billed separately.** (initial)_____

Tuition Policy: Tuition payments must be made by the due date. *If tuition payments are more than 30 days past due, it will require an account review and could result in termination of the enrollment agreement. If payments or payment plans are not to date, re-enrollment and consideration for tuition aid will not be allowed. If the collections process is started, all applicable costs and fees are the sole responsibility of the undersigned financially responsible party.* (Initial)_____

If WMWS is unable for any reason to fulfill their obligations under this agreement, then all monies paid towards next year's tuition and fees will be completely refunded.

In order to reserve a place for your child for the 2018-2019 school year, Enrollment Agreements and **\$500 non-refundable deposit toward your tuition balance must paid in full, \$250 by March 15, 2018 and the balance by June 1, 2018.** New families enrolling after this date will be handled on an individual basis based on availability. This agreement shall be interpreted in accordance with the laws of the State of New Hampshire. (Initial)_____

I understand that in signing this Enrollment Agreement for the coming academic year, I am agreeing to accept the conditions stated in this agreement and the rules concerning payments and tuition. I agree to the policy of the School, that no student will be permitted to re-enroll unless their account has been paid in full. (Initial)_____

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of Parents or Guardians Financially Responsible for Student:

1. _____ Address _____

2. _____ Address _____

Phone: _____ Email: _____

White Mountain Waldorf School/Received by: _____ **Date:** _____