



Since 1983

SWAN SCHOOL

Creative Independent Education

2010-2011 ENROLLMENT CONTRACT

Student's Name: _____

Parent/Guardian Name(s): _____

Please indicate which tuition is applicable to this student:

- | | |
|--|---|
| <input type="checkbox"/> K-6 student (\$650) | <input type="checkbox"/> Preschool 3 days (\$335) |
| <input type="checkbox"/> K-6 sibling (\$585) | <input type="checkbox"/> Preschool 4 days (\$380) |
| | <input type="checkbox"/> Preschool 5 days (\$425) |

The following conditions apply to newly-accepted families only:

1. At the time of enrollment, a non-refundable enrollment fee of \$150 is required to hold your child's spot.
2. We provide a trial period of four weeks during which time the school may request that the student be withdrawn. Prepaid tuition will be reimbursed.

The following conditions apply to ALL families:

1. Monthly tuition (Sept-June) is due and payable on the first day of each month. A late charge of \$25.00 will be applied to any unpaid balance remaining after the 15th of each month.
2. If you have prepaid tuition for the full year and are withdrawing your child before the end of the school year, tuition will be reimbursed on a pro-rated basis.
3. No credits or refunds will be made for absences such as vacation, illness, weather-related program closure, etc.
4. Any written request for release from this contract must be presented to the Board of Directors for consideration. The Board will review any withdrawal requests and determine the appropriate action to be taken. The board will adhere to the refund policy outlined above and no exceptions will be made to the refund policy outside of extraordinary circumstances (i.e., death in family, medical necessity of child).

I (we) agree to fulfill all financial obligations of this contract as explained above.

Signature of Parent/Guardian: _____ Date _____