



Dear Parent/Guardian of a **NEW MONTESSORI STUDENT**:

Enclosed is the 2011/2012 enrollment/payment plan package. This package is separate from any other information forms that you have or will complete for the 2011/2012 school year and is used strictly by the Business Office. This enrollment packet outlines our payment policies and procedures as well as billing and due dates for the 2011/2012 school year. **This package requires several signed responses. It is very important to complete this packet and return it to the Business Office by April 1, 2011 (your deposit was paid with your acceptance).** The information you provide here will be used to establish your account information and payment schedule for the new school year. If the Business Office does not receive this information by **April 1, 2011**, your child's place cannot be secured on the roster.

PLEASE NOTE: If payment of tuition is a shared responsibility both parties involved must sign the enrollment form.

There is an optional Tuition Refund Insurance plan available. Details are provided in this package.

The 8-installment payment plan is available through automatic deduction (Direct Payment Program) only.

The Annual Payment Plan due date is July 1, 2011.

Thank you for your prompt attention to this packet. It is our intention to ensure a smooth transition into the new school year for everyone. If, after reading this information you have any questions or concerns please contact the Business Office @ 881-6262 x1060, between 8:00 a.m. and 4:00 p.m. daily.

NARDIN ACADEMY
BILLING INFORMATION FORM
2011-2012

PLEASE PRINT CLEARLY

Child's Name: _____

Social Security Number: _____

Grade for 2011-2012: _____

PERSON(S) RESPONSIBLE FOR TUITION BILL 2011-2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Social Security #: _____

Father's Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

E-mail address: _____

Mother's Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

E-mail address: _____

ADDITIONAL COPIES OF TUITION BILL TO BE SENT TO

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NARDIN ACADEMY
"NEW" MONTESSORI ENROLLMENT INFORMATION
2011-2012

Check Payment Choice	Eight Installment Plan <input type="checkbox"/>	Four Installment Plan <input type="checkbox"/>	Payment in full <input type="checkbox"/>
8:30am - 2:45pm 8:30am - 11:30am	<input type="checkbox"/> Full time, 5 days \$9,600.00 <input type="checkbox"/> Part time, 5 days \$6,390.00	<input type="checkbox"/> Full time, 5 days \$9,600.00 <input type="checkbox"/> Part time, 5 days \$6,390.00	<input type="checkbox"/> Full time, 5 days \$9,600.00 <input type="checkbox"/> Part time, 5 days \$6,390.00
8:30am - 2:45pm 8:30am - 11:30am	<input type="checkbox"/> Full time, 3 days \$7,930.00 <input type="checkbox"/> Part time, 3 days \$3,990.00	<input type="checkbox"/> Full time, 3 days \$7,930.00 <input type="checkbox"/> Part time, 3 days \$3,990.00	<input type="checkbox"/> Full time, 3 days \$7,930.00 <input type="checkbox"/> Part time, 3 days \$3,990.00
8:30am - 11:30am 8:30am - 11:30am	<input type="checkbox"/> Toddler, 3 days \$4,990.00 <input type="checkbox"/> Toddler, 2 days \$3,500.00	<input type="checkbox"/> Toddler, 3 days \$4,990.00 <input type="checkbox"/> Toddler, 2 days \$3,500.00	<input type="checkbox"/> Toddler, 3 days \$4,990.00 <input type="checkbox"/> Toddler, 2 days \$3,500.00
Deposit Non Refundable	\$1,000 paid with acceptance	\$1,000 paid with acceptance	\$1,000 paid with acceptance
Terms	8 installments, billed 6/1 to 1/1 Full time, 5 days \$1,075.00 Part time, 5 days \$673.75 Full time, 3 days \$866.25 Part time, 3 days \$373.75 Toddler, 3 days \$498.75 Toddler, 2 days \$312.50 Direct Pay Plan Mandatory	4 installments, billed 6/1 to 1/1 Full time, 5 days \$2,150.00 Part time, 5 days \$1,347.50 Full time, 3 days \$1,732.50 Part time, 3 days \$747.50 Toddler, 3 days \$997.50 Toddler, 2 days \$625.00	Payment in full by July 1 (2% discount after deposit) Discount Full time, 5 days \$8,428.00 (\$172.00) Part time, 5 days \$5,282.20 (\$107.80) Full time, 3 days \$6,791.40 (\$138.60) Part time, 3 days \$2,930.20 (\$ 59.80) Toddler, 3 days \$3,910.20 (\$ 79.80) Toddler, 2 days \$2,450.00 (\$ 50.00)
Due Dates	Direct Payment Plan 15th or 20th of the month No student may start classes until the enrollment deposit and the first <u>three</u> installments have been received.	6/30, 8/31, 10/31, 1/31 No student may start classes until the enrollment deposit and the first <u>two</u> installments have been received.	Payment in full after July 1 No discount, No exceptions Full time, 5 days \$8,600.00 Part time, 5 days \$5,390.00 Full time, 3 days \$6,930.00 Part time, 3 days \$2,990.00 Toddler, 3 days \$3,990.00 Toddler, 2 days \$2,500.00
Administrative Service Fee One time charge billed 6/1	\$80.00 per account	\$40.00 per account	none
Service Fees	1.5% on all accounts 30 days past due \$30.00 fee for checks and electronic transfers returned for insufficient funds		
Past Due Accounts	IF THE OUTSTANDING BALANCE IS MORE THAN 60 DAYS OLD, THE STUDENT MUST REFRAIN FROM ATTENDING CLASSES UNTIL THE OUTSTANDING BALANCE IS PAID.		
Fees billed 6/1	Technology Fee - \$125.00 (Montessori Elementary Program only) Parent Partnership Dues - \$25.00		
After School Supervision (for full time students only)	<input type="checkbox"/> until 4:00 p.m. \$1,050.00 payable in 8 payments of \$131.25 each payment. Billed Sept. to April. Montessori After School Program is \$10.00/hr. on a "drop in" basis.	<input type="checkbox"/> until 5:30 p.m. \$2,625.00 payable in 8 payments of \$328.13 each payment. Billed Sept. to April. Montessori After School Program is \$10.00/hr. on a "drop in" basis.	

PARENTS ARE REMINDED THAT AFTER JULY 1, NO REFUND OF TUITION OR OTHER SCHOOL RELATED FEES CAN BE MADE, EXCEPT AS PROVIDED UNDER THE OPTIONAL TUITION REFUND PLAN. IT IS UNDERSTOOD THAT STUDENTS ARE ENROLLED FOR THE ENTIRE SCHOOL YEAR OR SUCH PORTION AS MAY REMAIN AFTER THE DATE OF ENTRANCE. THE FACT THAT THE SCHOOL FEES ARE PAID IN ONE OR MORE INSTALLMENTS DOES NOT CONSTITUTE A FRACTIONAL CONTRACT.

I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan. It is imperative that Box A or B below is checked for each child enrolled. If neither box is checked, the default will be Box B.

- One of these boxes **MUST** be checked
- A. I wish to participate in the Tuition Refund Plan. The premium rate is 3.4% of the annual fees. I authorize the School to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me.
- B. I do not wish to participate in the Tuition Refund Plan. I understand that no refund or cancellation of the yearly fees will be made by the School for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees.

I/we understand the obligation to pay the tuition and other school related fees for the full year is unconditional and that no portion of such tuition and/or fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal from the school of the above student.

Mother/Guardian's Signature _____ Father/Guardian's Signature _____

Student's Name _____ Grade _____



Your enrollment agreement contains a provision stating that after July 1, a student is enrolled for the full academic year and no adjustment of tuition and fees can be made by the School for absences, withdrawal or dismissal. This policy is necessary as the School budgets expenses, such as faculty salaries and supplies, based on enrollment. In order to plan and maintain our services for the year, it is essential that the annual income from tuition should be stabilized. Therefore, in the interest of parents, we are pleased to announce that we have made arrangements to protect students under the Tuition Refund Plan (underwritten by the CGU Insurance Companies for A.W.G. Dewar, Inc.).

This plan will not only provide an allowance for tuition in the event of absence or withdrawal of a student for medical causes, but also in the event of withdrawal for other reasons or dismissal by the School (annual tuition charges, both prepaid and due, are insured). The allowance varies from 50% to 75%, based on the reason for departure. The Tuition Refund Plan becomes effective on August 1st in the event of the student's inability to attend school due to a covered medical reason. **The nonmedical coverage (voluntary withdrawals and dismissals) does not become effective until the student has attended 14 consecutive calendar days (including weekends) commencing with the student's first class day of attendance in the academic year.**

The premium is 3.4% of the annual tuition, net of any financial aid awarded. The maximum cost is as follows:

<u>GRADE(S)</u>	<u>TUITION</u>	<u>PREMIUM</u>
Part time Montessori (5 days)	\$6390.00	\$217.26
Full time Montessori (5 days)	\$9600.00	\$326.40
Part time Montessori (3 days)	\$3990.00	\$135.66
Full time Montessori (3 days)	\$7930.00	\$269.62
Toddler Program (2 days)	\$3500.00	\$119.00
Toddler Program (3 days)	\$4990.00	\$169.66
1 – 8	\$9110.00	\$309.74
9 – 12	\$9650.00	\$328.10

The School offers you the Tuition Refund Plan as a means to insure your annual financial obligation under the terms of the accompanying Enrollment Agreement. This protection is important to you, and the School recommends that you participate in the Plan. Please read the information regarding the Plan that appears in the Enrollment Agreement and Tuition Refund Plan brochure carefully and indicate on the Agreement if you do not desire the coverage by initialing the waiver.

In light of the no refund or cancellation enrollment terms, we recommend that all parents in their own interest participate in the Plan. Please contact the Business Office if you have further questions at 881-6262, ext. 1060.

Parents are reminded that after July 1, no refund of fees can be made except as provided under the optional Tuition Refund Plan. It is understood that students are enrolled for the entire school year or such portion as may remain after the date of entrance. The fact that the school fees are paid in one or more installments does not constitute a fractional contract. Coverage under the Plan is contingent upon payment of the Insurance Charge within ten days from the first class day of the Academic year.



Dear Nardin Academy Parent/Guardian:

Once again Nardin Academy will be offering the **Direct Payment Program** for the upcoming school year.

What is **Direct Payment**?

The **Direct Payment Program** allows you to pay your Nardin Academy tuition bill automatically each month. When you enroll in the **Direct Payment Program**, we will deduct the "amount due now" listed on your monthly bill on the 15th or 20th of each month, whatever date is most convenient for you. You will still receive your monthly bill ahead of the due date, but it will be labeled "**Direct Payment Authorized.**"

Direct Payment is a convenient, reliable, and inexpensive way to pay your tuition bills. You save time by not having to write checks. You also save the cost of the postage and the check itself. Furthermore, you no longer have to worry about late payment charges because of mail delivery, being out of town on vacation or business, or your child forgetting to leave the check in our dropbox. **The Direct Payment Program is mandatory for the 8 installment plan** but also available for the 4 installment plan. Billing months will follow the schedule listed on the attached enrollment form.

If you have any questions regarding your billing, please call the Business Office. We will research and correct any errors just as we do with check payments. We will continue to resolve your inquiries promptly. If you ever want to skip making a **Direct Payment**, and send us a check instead, or if you need to terminate service, simply call the Business Office any time prior to 4:00pm three days before your account is scheduled to be debited.

To sign up for **Direct Payment**, complete and sign the enclosed authorization form. Return it to the Nardin Academy Business Office with a VOID check drawn on the account you want us to use for your payments. The VOID check will give us all the information we need to set up your **Direct Payment** account.

This program is mandatory if you select the 8 installment plan, but strictly voluntary for the 4 installment plan.

If you have any questions about the **Direct Payment Program**, please contact the Business Office. We are ready for you to stop writing checks and to start using **Direct Payment**.

Business Office 881-6262 ext. 1060



DIRECT PAYMENT PROGRAM

2011/2012 School Year

AUTHORIZATION AGREEMENT FOR ACH ENTRIES (DEBIT/CREDIT)

I(we) hereby authorize Nardin Academy, hereinafter called COMPANY, to initiate debit/credit entries to my (our) () checking account () savings account (please select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Account Number _____ (attach a void check)

Deduction Date 15th of month _____ 20th of month _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ (please print)

Date _____

Signature(s) _____



NARDIN ACADEMY

STUDENT DIRECTORY INFORMATION

Student Name _____

Grade in 2011-12 _____

Student Name _____

Grade in 2011-12 _____

Student Name _____

Grade in 2011-12 _____

Student Name _____

Grade in 2011-12 _____

Check here if you do not wish to have your demographic information published in the directory.

Parent / Guardian Name(s) - First and Last Name(s)

Street Address

City

State

Zip

Home Phone

Mobile Phone(s)

Email address(es)

Sample directory entry: **Michelle Smith - 9**
Michael and Mary Smith
12 Main Street
Buffalo, NY 14222
555-5555
mmsmith@ipo.com

Check here and complete the following if you wish to have a separate listing for an additional parent or guardian at a different address:

Parent / Guardian Name(s) - First and Last Name(s)

Street Address

City

State

Zip

Home Phone

Mobile Phone(s)

Email address(es)