

DeLor Montessori School Customer Acknowledgement

I have read and understand the tuition and payment policy of DeLor Montessori School.

I enroll my child, _____, to attend the school program on the following days.

Monday Tuesday Wednesday Thursday Friday

For a total of \$ _____ per month.

At the rate of \$ _____ per month.

The second child, at a 10% discount rate of \$ _____ per month.

Please initial the following:

_____ I have received and read the "DeLor Montessori Parent Handbook" and Understand the policies and procedures of DeLor Montessori School.

_____ I have had an opportunity to view the DeLor Montessori Phone Directory" of the families currently enrolled at DeLor Montessori School, to be used as Reference.

_____ I hereby disclose any medical conditions that my children may have at this Time. Any special needs will be discussed with the director at the time of Enrollment.

Please indicate your preference for the following items:

Yes No I give my permission for my name, address, and phone number to be given out to other DeLor families only.

Yes No I give my permission for my name and address only, to be given out to other DeLor families.

Yes No I give my permission for my children to be photographed at school.

The State of California, Department of Licensing Agency, has the authority to interview the children or staff, and to inspect and audit children or facility records without prior parental consent. Children will have a teacher present at all times.

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____