



Wild Roots Montessori Student Enrollment Contract
for the 2024-25 Academic Year

This is to confirm my intention to enroll _____ (full legal name of student) at Wild Roots Montessori for the 2024-2025 academic year, subject to the following terms:

1. **In consideration of acceptance of this enrollment contract (the “Contract”) by Wild Roots Montessori, I shall pay the full tuition due while at Wild Roots Montessori for the 2024-2025 academic year.** I understand that upon enrollment, no refunds or cancellation of tuition will be made for any portion of the full annual tuition and fees. Exceptions may be made for extenuating circumstances (to be determined by the administration). I understand Wild Roots Montessori may decline to accept a Contract for a student whose current tuition and/or other charges are past due.

2. **Wild Roots offers three tuition payment options:**

Please check the box of your preferred payment method. After you have selected a method of payment, we will provide the necessary banking information.

Plan A: The balance of tuition is payable in one payment and due by August 5th. Students enrolling after August 5th will need to pay within 14 days of acceptance. If acceptance is after the start date of school, tuition is due prior to the first day the student attends classes.
Amount due: \$14,800.00.

Plan B: Semi-Annual Payment -- The balance of tuition is payable in two payments with the first payment due by August 5th. Students enrolling after August 5th will need to pay within 14 days of acceptance. If acceptance is after the start date of school, tuition is due prior to the first day the student attends classes. The second payment is due by January 5th.
Amount due: \$7,400.

Plan C: Monthly Payment -- Tuition payments are divided equally over a nine-month period with the first payment due by August 5th. Students enrolling after August 5th will need to pay within 14 days of acceptance. If acceptance is after the start date of school, tuition is due prior to the first day the student attends classes. *A 3% finance charge will be applied to all monthly payments.* All monthly payments will be collected on the 1st of each month, preferably by automatic bank debit. The final payment will be in the month of April.
Amount due: \$1,700.

I have included: (please check all applicable boxes)

- Deposit of \$1,650 to secure my child's space**, applied to your final month of tuition
- Membership fee of \$75** (which includes class shirts)
- Friday program: \$1000** (annual fee)

Other charges as incurred will be billed on a monthly basis and are due within 30 days. Wild Roots Montessori will charge a late payment fee of 1% per month (12% annually) on the unpaid balance. In cases where tuition or other charges are past due, Wild Roots Montessori has the right to deny participation in the program and other extracurricular activities and/or to refer the account to a collection agency or an attorney (in which case the signee shall bear all costs and expenses incurred by Wild Roots Montessori to collect any outstanding debts, including attorney's fees).

I agree to pay, to the extent permitted by law, Wild Roots Montessori's expenses of enforcement and collection of the tuition, fees and related expenses, including, without limitation, attorney's fees and costs.

I understand that Wild Roots reserves the right to terminate this contract. I agree that if I choose to terminate this contract, I will remain responsible for tuition for the remainder of the academic year. If there are extenuating circumstances requiring the student's withdrawal, the family may be released from responsibility for the remainder of tuition at the discretion of the administration.

3. **Wild Roots Montessori requires all students to have health insurance with a U.S. insurance company.** I understand that I must provide Wild Roots Montessori with the insurance carrier name, the policy number that insures my child, and that I must notify the staff if this coverage changes.

4. **I agree to keep my child at home if they are sick.** In an effort to protect all families and staff involved in this community, please keep your child at home if they are experiencing severe or persistent abdominal pain, a rash, fever, vomiting, diarrhea, or discharge from their eyes. If a child exhibits symptoms described above and must be picked up early, they must remain symptom-free for 24 hours before returning to Wild Roots. If a fever was present, the child must remain fever-free for 24 hours without the use of medication. If a child has had close contact with a person with COVID-19, please follow the current CDC quarantine protocol.

5. **I agree on behalf of myself and the enrolled student to abide by the rules, regulations and requirements of Wild Roots Montessori as from time to time promulgated.** In addition, I agree to comply with the expectations as set forth in the Student Handbook and any and all health and safety policies instituted by Wild Roots Montessori, including any immunization or vaccination requirements.

6. **I understand that to operate effectively, Wild Roots Montessori must have a positive relationship with the student and the parents/guardians of the student.** A positive relationship is built on mutual trust, respect, and cooperation. Wild Roots Montessori reserves the right to dismiss any student whose behavior or lack of cooperation is deemed unacceptable, or whose parents/guardians no longer have a cooperative relationship with Wild Roots Montessori, in the judgment of the Board officers.

7. **I understand and agree that in the event of a closing of all or part of Wild Roots Montessori's campus for any reason including health, safety or other circumstances outside of Wild Roots Montessori's control, such as an epidemic, pandemic, extreme weather, natural or man-made disaster, acts or threatened acts of terrorism or war, or other force majeure events, Wild Roots Montessori may provide educational instruction through alternate learning methods, including but not limited to remote instruction.** Wild Roots Montessori may also modify its academic curriculum and/or extracurricular programming, as needed and in its sole discretion, in order to best serve and protect the safety and interests of the

Wild Roots Montessori community. In such an event, Wild Roots Montessori will not refund or cancel any portion of the annual tuition and fees.

8. **If any provision of this Contract is invalid, illegal or incapable of being enforced by reason of any rule of law, administrative order, judicial decision or public policy, all other conditions and provisions shall remain in full force and effect.**

9. **The laws of the State of Utah shall govern this Contract.** Any action arising out of or in connection with this Contract, including, without limitation, an action to enforce or interpret its terms, shall be brought in a court of competent jurisdiction in Summit County, Utah.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____



Medical Release Form

I _____, give my permission to the staff at Wild Roots Montessori to obtain medical treatment for the proper care and well-being of my child. If I cannot be contacted in the event of an emergency, I authorize the staff to seek medical attention from the nearest hospital.

Please list any known allergies or medical conditions we need to be aware of: _____

Please list any medications your child is currently taking: _____

Child's physician: _____
Phone: _____
Health Insurance Company: _____
Policy Number: _____
Cardholder: _____

Signature

Date



Photo Release Form

When your children work on lessons or participate in special WRM events, we often have many great photo opportunities. We would like your permission to use the photographs taken during class time, field trips, and celebrations, to post internally in the room, hallways, for teacher education and as a historical record. Wild Roots Montessori also uses photographs of children for publicity purposes. We promote our school using brochures, our website, social media and other types of promotional materials. When photographs are used for publicity purposes, children are never identified by name. In addition, parents reserve the right to request that any photograph not be used for publicity. Please sign the permission slip below to indicate your preference for photographs:

_____ Yes, I hereby authorize Wild Roots Montessori to use my child's photos or videos for the purposes mentioned above.

_____ No, I withhold permission for Wild Roots Montessori to use my child's photo or video for any purpose.

Signature

Date



Field Trip Release Form

As the parent/guardian of _____, I understand that students enrolled in WRM take frequent field trips. I hereby grant consent for them to participate in staff approved field trips that will occur during the 2024-2025 program year.

It is my understanding that WRM will send an email each week notifying the families of the location of the upcoming field trip. If a child is unable to attend a field trip for any reason, please notify the staff and keep your child home.

The undersigned gives permission for their child to be transported by a WRM staff member in their personal car or the passenger van. Each family will provide the appropriate car seat for the child's age during car travel unless arranged otherwise. WRM strives to offer a safe and educational experience for your child. WRM will not be liable for any incidents or accidents occurring during a field trip. WRM will make all reasonable efforts to notify you of any incidents or accidents occurring during transportation or participation in a field trip.

All field trips require cooperation, responsibility and appropriate behavior on the part of each participant for the good of all involved.

Signature

Date