

## à petits pas Excellence Enrollment Contract – 2020-2021

Please complete and return this Enrollment Contract to FIAF Montclair, in person, by mail, or via email to [fiafnj@fiaf.org](mailto:fiafnj@fiaf.org). We will confirm your child's enrollment only after we have received this contract and the 1<sup>st</sup> tuition payment.

### **STUDENT INFORMATION**

**Child's Name** (*First, Middle, Last*):

Date of Birth:

Gender:

School Name (if applicable):

School's City & Zip Code (if applicable):

**Parent/Guardian 1** (*First & Last Name*):

Date of Birth:

Home Phone:

Cell Phone:

Primary Email:

Home Address:

City, State, Zip Code:

**Parent/Guardian 2** (*First & Last Name*):

Date of Birth:

Home Phone:

Cell Phone:

Primary Email:

Home Address:

City, State, Zip Code:

## REGISTRATION INFORMATION

I/We wish to register our child in the *à petits pas Excellence* program as follows:

### Select Class Time

- Ages 2.5–5 — half-day 8:30am–11:30am
- Ages 2.5–5 — full-day, 9:30am–2:30pm

### Select a Specific Schedule

#### Half-day

- 1 day per week: \$260 per month
- 2 days per week: \$480 per month
- 3 days per week: \$654 per month
- 4 days per week: \$795 per month
- 5 days per week: \$900 per month

#### Full-day

- 1 day per week: \$440 per month
- 2 days per week: \$800 per month
- 3 days per week: \$1,095 per month
- 4 days per week: \$1,340 per month
- 5 days per week: \$1,500 per month

### Select Days of Week *(select exactly as many days as you have specified in the schedule above)*

- Monday    Tuesday    Wednesday    Thursday    Friday

**After-Care** *(Mon. through Friday, 7:30am-9:30am, 2:30pm-6:30pm, \$12/hour (at least 3 children) or \$20/hour (if less than 3 children), payable at the end of each month.)*

- Monday    Tuesday    Wednesday    Thursday    Friday

### Select Session(s)

**Fall (Sep 8–Dec 18)**

*Your child's spot is only guaranteed for Fall. Reenrollment deadlines: Nov 1 for Winter; Feb 1 for Spring.*

**Fall (Sep 8–Dec 18) + Winter (Jan 4–Apr 1)**

*Your child's spot is only guaranteed for Fall & Winter. Reenrollment deadline: Feb 1 for Spring.*

**Fall (Sep 8–Dec 18) + Winter (Jan 4–Apr 1) + Spring (Apr 12–Jun 25)**

*Your child's spot is guaranteed for all three sessions Fall, Winter, and Spring.*

## FINANCIAL AGREEMENT

This “Enrollment Contract” is a binding contract that obligates you to pay the full tuition for the session(s) your child is enrolled for. There will be no deductions or credit for absence(s) during the session. If you withdraw prior to a session’s withdrawal deadline, you will receive a tuition credit (minus \$150 fee) valid for one year. If you withdraw after a session’s withdrawal deadline, you are liable for the entire tuition for that session and the full outstanding amount is due at the time of withdrawal. Withdrawal deadlines are: Fall: August 1, 2020, Winter: Dec 1, 2020, and Spring: Mar 1, 2021. Please understand that once you have returned this signed contract and made the first payment, we are holding a place for your child that cannot be released to another child.

### Half-day

Fee Structure	Pre-Registration*	Monthly Rate	Fall (Sep-Dec)	Winter (Jan-Mar)	Spring (Apr-Jun)
1 day	\$150	\$260	\$1,040	\$780	\$780
2 days	\$150	\$480	\$1,920	\$1,440	\$1,440
3 days	\$150	\$654	\$2,616	\$1,962	\$1,962
4 days	\$150	\$795	\$3,180	\$2,385	\$2,385
5 days	\$150	\$900	\$3,600	\$2,700	\$2,700

### Full-day

Fee Structure	Pre-Registration*	Monthly Rate	Fall (Sep-Dec)	Winter (Jan-Mar)	Spring (Apr-Jun)
1 day	\$150	\$435	\$1,740	\$1,305	\$1,305
2 days	\$150	\$800	\$3,200	\$2,400	\$2,400
3 days	\$150	\$1,035	\$4,140	\$3,105	\$3,105
4 days	\$150	\$1,340	\$5,360	\$4,020	\$4,020
5 days	\$150	\$1,500	\$6,000	\$4,500	\$4,500

*\*Includes a non-refundable \$50 annual registration fee and a \$100 deposit deductible from the Fall tuition. If you withdraw from the program after the withdrawal deadline, or if you fail to pay the first month tuition for Fall by August 1, then the full deposit will be forfeited by FIAF.*

### Calendar

*There will be no class on Mon., Sept. 7 (Memorial Day), Mon., Sept. 28 (Yom Kippur), Mon.-Fr., Nov.23-27 (Thanksgiving Break), Mon., Dec. 21-Fri., Jan. 1 (Winter Break), Mon., Jan. 18 (MLK’s Day), Mon., Feb. 15, (President’s Day), Fri., Apr. 2 – Fri. Apr. 9 (Spring Break), Fri., May 28 – Mon., May 31 (Memorial Day weekend).*

*Program calendar is subject to change.*

**Payment Schedule**

**Tuition for the 1<sup>st</sup> month of the Fall session (September) is due by August 1, 2020.**

For the subsequent payments, please choose one of the following payment plans:

**Plan 1: One-Time Payment**

*Select all that apply based on session(s) you wish to enroll your child for.*

I/We choose to pay the full Fall balance (Oct-Dec) in 1 payment by Sep 1

I/We choose to pay the full Winter tuition (Jan-Mar) in 1 payment by Dec 1

I/We choose to pay the full Spring tuition (Apr-Jun) in 1 payment by Mar 1

**Plan 2: Monthly Payments**

*Select all that apply based on session(s) you wish to enroll your child for.*

I/We choose to pay the Fall balance (Oct-Dec) in 3 payments by Sep 1, Oct 1 & Nov 1

I/We choose to pay the Winter tuition (Jan-Mar) in 3 payments by Dec 1, Jan 1 & Feb 1

I/We choose to pay the Spring tuition (Apr-Jun) in 3 payments by Mar 1, Apr 1 & May 1

**Sibling Discount**

I/We are **registering two or more children** in the program and are eligible for the 5% per child discount. If this option is applicable to you, we will adjust payment amounts listed above to reflect the discount.

Sibling Name(s):

## **PAYMENT METHOD**

**Credit Card**

I/We authorize FIAF Montclair to automatically charge payments to this credit card according to the Payment Plan selected above.

Name on Card:

Card Number:

Expiration date:

Security Code:

**check**

I/We have enclosed a check for the first payment with this Contract. I/We understand that it is our responsibility to ensure that FIAF Montclair receives checks for the remaining payments by the due dates according to the Payment Plan selected above. Checks are to be made out to the French Institute Alliance Française (FIAF) and submitted by mail or in person to: FIAF Montclair (7 N Willow St., Suite 7, Montclair, NJ 07042)

**I/We have read and accept the above Enrollment Contract and Payment Plan.**

**Child's Name** (*First, Middle, Last*):

Parent/Guardian 1:

Parent/Guardian 2 (if applicable):