

**Children's House of Hershey**

*A Montessori Early Learning Center*

2446 Roundtop Road  
Middletown, PA. 17057  
717-930-0818

Term \_\_\_\_\_

**Agreement**

Child's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

**Monthly Tuition**

\_\_\_\_\_
Due in 10 equal payments on the 1<sup>st</sup> of each month,
With the first payment due June 1<sup>st</sup> \_\_\_\_\_
And the remaining payments due
September 1<sup>st</sup>, \_\_\_\_\_ through May 1<sup>st</sup>, \_\_\_\_\_.

Arrival time: \_\_\_\_\_
Dismissal time: \_\_\_\_\_

Person(s) designated by parent to whom child may be released:
1. \_\_\_\_\_
2. \_\_\_\_\_

I, the parent/guardian, have received complete written program information at the time of enrollment. I am aware there is no tuition credit for sick days or vacation days. In the event I need to withdraw my child prior to the completion of the term agreed to above, I will give a minimum of 30 days written notice prior to withdrawing my child from the program. When such a withdrawal occurs, a balance or credit due will be determined at the sole discretion of the administrator. In consideration for acceptance of my child as a student at Children's House of Hershey, the undersigned agrees to indemnify Children's House of Hershey, it's owners and employees against any claims or demands made by or on behalf of \_\_\_\_\_.
(Name of Child)

I agree to review/update the emergency contact/parent consent form information and review this agreement when changes occur or every 6 months.

\_\_\_\_\_  
Signature of Director Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

Admission Date: \_\_\_\_\_
Withdrawal Date: \_\_\_\_\_

Six Month Review \_\_\_\_\_
Signature of Parent/Guardian Date