



Damariscotta Montessori School

Dear Parents,

We are really excited to begin the Summer Program this year with a new calendar of themes and events including guest visitors and field trips. This year's program will have all new nature and art themes spending a great deal of time in our beautiful "outdoor" classroom. The program is available for children, ages 3-7 (pre-K through first grade). Every week of the program, except the first, will have either a field trip or a special visitor to enhance that week's theme. Field trips and transportation are included in the cost.

Some changes for this year. Due to more stringent DHHS guidelines, we will no longer be able to go to the lake or the beach during the summer program. Instead we will have offsite fieldtrips that coincide with our weekly themes and will have afternoon water play (sprinklers, etc) so a change of clothes and towel will be necessary each day.

Attached you will find an enrollment form for the Summer Program. If you would like for your child to attend please fill it out and return it as soon as possible. This will allow us to plan for summer staffing and enrollment of new children. Children who are already enrolled at DMS have priority for all spaces, even if they are not returning next school year.

Tuition for June 28nd – July 23th (four weeks) is due on June 11th. Tuition for July 26th – August 20th (four weeks) is due on July 9th. Fees for the Summer Program are as follows:

Morning Program (8:45 a.m. – 11:45 a.m.)

Weekly	\$110
3 Day Weekly	\$90

Full Day Program (8:45 a.m. – 3:15 p.m.)

Weekly	\$145
3 Day Weekly	\$115

Extended Day Program (7:30 a.m. – 5:00 p.m.)

Weekly	\$165
3 Day Weekly	\$130

For billing purposes, the summer program will work on a weekly basis. For students who are starting for the first time in the fall, but are interested in attending the summer program, we recommend that they attend for most, if not all, of the summer. If space permits, children who attended DMS during the 2009-2010 school year may attend the program on a per diem basis, with prior approval.

Yours truly,
Chip

DMS Summer 2010 Program Enrollment Contract

I am enrolling, _____, for the Damariscotta Montessori School Summer Program for the following weeks:

Week	*3 or 5 Day	Morning	Full	Ext Day	Total
June 28 – July 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 5 – July 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 12 – July 16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 19 – July 23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If choosing 3 day option, please indicate which 3 days you are requesting for each week*

Total (Due June 11) _____

Week	*3 or 5 Day	Morning	Full	Ext Day	Total
July 26 – July 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 2 – Aug 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 9 – Aug 13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug 16 – Aug 20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If choosing 3 day option, please indicate which 3 days you are requesting for each week*

Total (Due July 9) _____

By signing this contract I understand that my obligation to pay the charges for the summer program is unconditional and that no portion of such charges so paid will be refunded nor will any outstanding charges due be canceled notwithstanding the failure to attend, absence, withdrawal or dismissal from the School of the above student. The term “charges” as used in this contract includes tuition.

I understand that in signing this contract I accept and agree to abide by the terms stated herein and I accept and agree to abide by the School’s educational programs and any modifications deemed beneficial by the School as well as the rules and regulations of the School as stated in the School’s *Handbook for Parents*. I also agree to the policy of the School that transcripts will not be released unless the charges have been paid in full. Furthermore, I agree that in the event of default in the terms of this contract as determined by the School, (i) the above student may not be allowed by the School to continue classes, (ii) if payment is being paid by installment as set forth above, that the School may declare the entire balance of charges immediately due and payable, and (iii) that the undersigned will be responsible for all costs of collection of the outstanding charges including reasonable attorney’s fees. A failure of the School to promptly exercise its rights to enforce the terms of this contract shall not be deemed a waiver of any rights for an immediate breach or any subsequent breach thereafter.

Also, I agree that my child(ren) _____, may participate in all school activities, including athletics and any school-sponsored trip away from the campus unless the school receives written notice to the contrary.

Signatures of Parents or Guardians

Mother/Guardian _____

Father/Guardian _____

Date _____