



Keene Montessori School
125 Railroad Street Keene NH 603-352-4052
Toddler Programs & Tuition 2017-2018

Program	Time	10 Payments	Annual Payment in Full*
5 day AM Class	9-12	\$648	\$6160
4 day AM Class	9-12	\$546	\$5187
3 day AM Class	9-12	\$410	\$3890
2 day AM Class	9-12	\$273	\$2594
5 day AM + extended day	9-3	\$908	\$8623
4 day AM + extended day	9-3	\$767	\$7262
3 day AM + extended day	9-3	\$573	\$5446
2 day AM + extended day	9-3	\$382	\$3630
5 day Full Day	7:30-5:30	\$1130	\$10735
4 day Full Day	7:30-5:30	\$952	\$9040
3 day Full Day	7:30-5:30	\$714	\$6780
2 day Full Day	7:30-5:30	\$476	\$4520

A \$150.00 registration is due to hold a spot for your child. The registration is non-refundable and non-transferable.

Before care and After care is available to KMS children based on availability and approval by the Director. Rates are \$7.00 for contracted time and \$8.50 for pre-arranged time and are billed in half-hour increments.

A 10% discount is offered for siblings attending KMS concurrently. It is applied to the sibling with the lower tuition.

Monthly payments are due on the 20th of each month, August to May. A late fee of \$15.00 applies if not paid by the 20th. A fee of \$25.00 applies to returned checks.

*Annual payments include a 5% discount which must be paid in full by August 20th.

No credit is given for days missed due to holidays, illness, family activities, or school closings due to the weather.

It is requested that parents help with a fundraising activity during the year.

Keene Montessori School Contract for 2017-2018 School Year

Child

First Name _____ MI _____ Last Name _____

Nickname _____ Date of birth _____ Male ___ Female ___

Address _____

Parents

Names _____

Address _____

Telephone _____ E-mail _____

2nd Address (if not living together) _____

Telephone _____ E-mail _____

I, _____, the parent or legal guardian of

_____ agree to pay the Keene Montessori School

Check one:

___ 10 monthly payments of \$ _____ each from August 2017 to May 2018;

or

___ The annual discounted amount of \$ _____ to be paid in full by August 20, 2017.

Circle one:

Toddler: AM class AM + extended day Full Day

Days attending (please circle): Mon Tues Wed Thurs Fri Hours attending _____

Signature _____ Date _____

Attached is the \$150 non-refundable registration to hold a spot for my child.

125 Railroad Street, Keene, NH 03431 603-352-4052