

2136 Huntersland Road Middleburgh, NY 12122 P: 518-827-5533 F: 518-707-1433 www.countryclassroom.org info@countryclassroom.org

# 2023-24 Enrollment Contract

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to Country Classroom.

A student is accepted for enrollment or re-enrollment when the Contract has been delivered to the School, countersigned and dated. A copy of the accepted Contract will be returned on the first day of the school year. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the School's Board of Trustees.

#### Student Name

\_\_\_\_\_ Grade Entering \_\_\_\_\_

In consideration of the acceptance of this Contract by the School, the undersigned agrees to pay the required TOTAL TUITION for the full academic year and agrees to be bound by the provisions of this Contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the dates listed on the 2023-2024 tuition schedule.

Enrollment and Re-enrollment is conditioned upon the following terms:

1. Successful completion of the current academic year and recommendation of the School is required for re-enrollment of currently enrolled students.

2. A non-refundable Reservation Deposit of \$500 must accompany the Contract. This deposit will be applied against tuition. Tuition payments must be received by the School on or before each due date. Tuition for students entering the School after the start of the school year will be prorated based on the number of attendance days remaining in the school year after entry compared with the total attendance days in the school year.

3. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both TOTAL TUITION and all related fees and expenses of the student.

4. The student and the student's family agree to comply with and be subject to the School's rules and policies as set forth in the Family Handbook, as amended from time to time.

5. An account is considered delinquent if not paid within 10 business days of the due date. Whenever a tuition or fee account becomes past due for a period of 90 days from its due date then, unless the School

shall obtain adequate security acceptable to the School for such account within that 90 day period, the student will be withheld from classes until the delinquency is cured. If the delinquency is not cured within an additional 30 day period, the student will be dismissed. In all events, the first tuition installment payment must be paid on or before the first day of school or the student's place will not be reserved. The student will not be enrolled in classes.

6. Transcripts will be held for students until all unpaid tuition and fees are received.

Office Use Only Accepted By:	
Name	
Title	
Signature	
Date	

All parents, legal gaurdians, or other persons responsible for payment must sign this contract.

Name	
Signature	Date
Name	
Signature	Date

## **Emergency Medical Consent**

Please choose and sign one of the following:

### CONSENT

○ In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above mentioned doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all school personnel that interact with my child.

Signature

### **REFUSAL TO CONSENT**

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the schools authorities to take no action or to:

Signature

## **Media Consent**

I have read the media consent section of the registration form, and hereby confirm my choices made on that form.

Signature

Date

Date

Date