



REGISTRATION AGREEMENT FOR VISA STUDENT

Hours of Attendance from _____ to _____

Annual Tuition \$ _____

In consideration of the acceptance by Wishing Well Montessori School of _____
(student's name)

I agree to pay all tuition fees, registration fees, dues and other indebtedness incurred by the student or on the student's behalf while enrolled in the school. I understand that my obligation to pay tuition fees for the full academic year is unconditional although special consideration will be given in cases of prolonged absence due to medical reasons. I further understand that the fee structure will be as follows:

| | | |
|--------------------------|--|-----------|
| To accompany application | - non refundable Registration Fee of | \$ 150.00 |
| | - non refundable tuition fee for 20___/20___ | \$ _____ |
| | - non refundable Book Fee of | \$ _____ |
| | - non refundable Incidentals Fee of | \$ _____ |
| | - non refundable Parents' Guild Fee of | \$ _____ |

Signature of parent or guardian

Date