

CHOOSE A PAYMENT OPTION:

- PAY IN FULL:** \$2,500 deposit, which includes \$250 registration fee and \$400 book & material fee due upon registration. Balance is due, in full, June 1st, 2018 to take advantage of the **5% Pay In Full Credit**.
- AUTOMATIC PAYMENT:** \$2,500 deposit, which includes \$250 registration fee and \$400 book & material fee due upon registration. Monthly payments are **automatically** charged to your credit card or debited from your eCheck account the 1st of each month, September 2018 through April 2019.
- STANDARD PAYMENT:** \$2,500 deposit, which includes \$250 registration fee and \$400 book & material fee due upon registration. Monthly payments are due the 1st of each month, September 2018 through April 2019.

PAYMENT METHOD

Check Enclosed Check Number..... Payment Amount

VISA **MasterCard** **AMEX** **Discover** Payment Amount

Card Number Expiration Date

Cardholder's Name Billing Address

Cardholder's Signature City, State, Zip

Charge this Credit Card monthly for the Automatic Pay Billing Option

eCheck - Get 1% Tuition Credit for each eCheck Payment Payment Amount

Account Number Account Type: Savings Checking

Routing Number Billing Address

Account Holder's Name City, State, Zip

Debit this eCheck account monthly for the Automatic Pay Billing Option

TERMS OF AGREEMENT & PERMISSIONS

I understand that the obligation to pay the tuition and fees is unconditional and no portion will be refunded or canceled notwithstanding the subsequent absence, withdrawal, or dismissal from the school. Failure to complete the full school term results in the forfeiture of all discounts, and balance due will be at the full, non-discounted rate. I also understand that no refunds or cancellation of tuition and fees will be made for school closings or transportation delays. No credit for extended vacations will be given. Program changes made after the first day of school will be billed at 10% over the non-discounted rate. **Withdrawal from school before or on July 1st prior to the start of the school year, will result in a full refund.*

I understand that payment of tuition and incidental monthly charges is due upon receipt of statement. If there is an error in the billing statement, I shall notify the school within 30 days. I understand non-payment of tuition will cancel the school's services.

- (1) I agree to allow North Shore Day School to transport my child to and from school. I assume full responsibility for my child from my home to the transportation vehicle and vice versa.
- (2) In the event that neither I nor my family physician can be contacted in an emergency, I grant permission for North Shore Day School to bring my child to the emergency room of North Shore Hospital at Glen Cove.
- (3) I understand that North Shore Day School reserves the right to cancel this contract at any time with its sole liability, limited to a prorated refund of tuition.
- (4) **I understand that there is a New York State law requiring a record of immunization on file before my child attends school and will send the physical prior to the first day of school.**

Parent's Signature Date



85 Crescent Beach Road, Glen Cove, NY 11542
 Telephone: (516) 676-0190 • Fax: (516) 609-0821
www.northshoredayschool.com
info@northshoredayschool.com

