



The Center for Guided Montessori Studies

Tuition Agreement

Please note that this document is due at the time of enrollment.

Party responsible for payments

- Applicant
- Sponsoring School – Head of School or Contact Person /phone number _____
- Other - Payer name and phone number _____
- Other payer relationship to student _____

Important Note

All funds are denominated in and must be rendered in US currency. Foreign bank drafts, including those from Canada, must account for currency differences and the cost of settlement.

Preferred Payment Option

The application fee of \$100 is due with this application. This fee will not be refunded if the applicant is not accepted to the program. If the application is accepted, the fee will be deducted from tuition. The first payment as listed below, less the application fee, must be submitted within 30 days, or the candidate's place will be made available to other interested parties. Full tuition payment may be submitted in lieu of a deposit.

CGMS may, at its discretion, break larger credit card tuition payments into smaller amounts without additional charges to the student. We are happy to create custom payment plans on request; contact us at admissions@guidedstudies.com to discuss your needs. If such a plan has been created, CGMS will provide a substitute agreement for this form.

Withdrawals

Should the student need to withdraw from the course, notice must be sent by registered mail to the CGMS office. Receipt date of the letter is considered the date of withdrawal. The student needs to be aware that faculty obligations have been made based on enrollment numbers for the course and so any student who elects to withdraw from the course after classes have begun will still owe tuition according to the schedule below:

- Before the end of week # 2 of the distance learning phase - 20% of tuition
- Before the end of week #8 of the distance learning phase, 40% of tuition
- Before the end of the second term, 70% of tuition
- By the end of the fourth term, 90% of tuition
- Student is obligated for full tuition or withdrawals after the fourth term.

Any money in excess of student remaining obligation will be refunded by check within 30 days of withdrawal. Please note that if CGMS is unable to arrange payment, it will refer the account to a collection agency.

Please initial this page to indicate understanding and agreement _____

Course Fee Schedule

	Program	Certificate	Base cost
<input type="checkbox"/>	Primary	Associate	\$4500
<input type="checkbox"/>	Primary	Full	\$5900
<input type="checkbox"/>	Elementary	Full	\$7200

If Field Consultants need to travel more than 150 miles then reasonable travel expenses will also need to be covered.

Please check your desired payment schedule

	# payments	Schedule	Service fee
<input type="checkbox"/>	1	one time	\$0
<input type="checkbox"/>	3	Every 3 months	\$200
<input type="checkbox"/>	6	Bi-monthly	\$300
<input type="checkbox"/>	18	Monthly	\$500

Will you be completing a self-directed internship? Please call if unsure.

	Y/N	Extra supervision fee
<input type="checkbox"/>	No	\$0
<input type="checkbox"/>	Yes	\$600

Please understand the \$600 is a minimal estimate. If the intern is deemed to need additional supervision support, a higher fee may be assessed.

Total (base costs + service fee + supervision fee)

Calculated per payment fee (total/# of payments)

Other payment plan as discussed and agreed upon with a CGMS tuition counselor (details below)

Preferred Payment Method

- Check (make payable to The Center for Guided Montessori Studies and ensure that all funds are in US dollars.)
- Visa Master Card

Complete information below for credit payments:

Name on the Card _____

Account Number _____ Expiration Date _____

Billing Address _____

Signature of Card Holder _____ Date _____

Please sign the following statement:

The information given in this application and Tuition agreement form is correct. I understand that if I am accepted in the program I am responsible for the full tuition and agree that payments will be made in a timely manner. I understand that an unpaid balance may result in termination of enrollment, and/or delay certification upon completion of course requirements.

Applicant's Signature _____

Signature - Head of School from _____

Sponsoring School (if applicable) _____

Date of understanding and agreement of this document _____

Please send this completed form to:

CGMS
204 37th Ave. N
#468
St. Petersburg, FL 33704