

Lake Hills Montessori – Bee Cave
Tuition Agreement Form

Return to: Sandra Karnstadt, Director
3930 FM 620 S Austin TX 78738
(512) 263-5585

I/We _____, parent or guardian of the student,
_____ agree to pay \$ _____ monthly tuition
for child care at Lake Hills Montessori, starting on _____.

I/We understand that this amount is due and payable by the 5th day of each month. If my child is absent when fees are due, I/we will either pay in advance or bring fees to the school on or before the due date. I/We also understand that there will be no reduction in fees due to absences or vacations.

I/We understand and agree that there will be a late payment fee of \$5.00 per day beginning on the 6th day of each month when payment has not been received.

I/We further agree to pay a late charge of \$1.00 per minute for pick up after the scheduled pick up time, _____ pm.

There will be a \$30 charge for all returned checks. Two returned checks will result in your account being placed on a “cash only” basis. I/We agree to give Lake Hills Montessori 30-day written notice prior to termination of this child care agreement.

Parent/Guardian and Date

