

**PINE MANOR COLLEGE CHILD STUDY CENTER  
ENROLLMENT CONTRACT  
2011-2012**

Pine Manor College Child Study Center  
400 Heath Street  
Chestnut Hill, MA. 02467  
617 731-7039

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

Number of Days (3 or 5)

Mornings \_\_\_\_\_ (7:30 a.m. -12:00 p.m.)

Extended Days \_\_\_\_\_ (7:30 a.m. - 2:30 p.m.)

Full Days \_\_\_\_\_ (7:30 a.m. -5:30 p.m.)

Preferred Schedule: \_\_\_\_\_ (list days of the week)

Please refer to the Program Schedule and Tuition Rates when choosing a schedule. You may choose a combination of half days and full days. For example, 3 half days and 2 full days is acceptable. Please indicate mornings or afternoons if you are registering for half days.

**A non-refundable deposit of \$500.00 must accompany this signed enrollment contract in order to secure your child's space.** Children are accepted throughout the year in an open enrollment process. The deposit is applied to the first tuition bill. Tuition is payable in two installments. Please make checks payable to Pine Manor College and mail to the Business Office, Pine Manor College, 400 Heath Street, Chestnut Hill, MA 02467-2332.

**Fee Payment Schedule:**

Fall Semester Enrollments: Tuition is due Sept. 1<sup>st</sup>

Spring Semester Enrollments: Tuition is due January 1<sup>st</sup>

I understand and agree to the terms of this contract.

\_\_\_\_\_  
Signature of Parent/Guardian guaranteeing payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime Telephone

*For office use only:*

Date received \_\_\_\_\_ Deposit \_\_\_\_\_ Check# \_\_\_\_\_