



CGMS  
Admissions Department  
204 37th Ave. N  
#468  
St. Petersburg, FL 33704  
Tel 1-888-344-7897  
Fax 1-941-866-3522

**Early Childhood Program  
Residential Program  
Registration and Tuition  
Agreement**

**Requirements**

This form is for existing or graduated CGMS students wishing to attend a summer residential program.

Please check the residential program you will attend:

- Early Childhood Session I  
**June 13th-29th, 2012, Anchorage, AK**
- Early Childhood Session II  
**July 9<sup>th</sup> -25<sup>th</sup>, 2012, Sarasota, FL**
- Early Childhood Session III  
**July 18<sup>th</sup>-August 3rd, 2012, Kingston, NY**
- Elementary Session I  
**June 18th-July 2nd, 2012, Indianapolis, IN**
- Elementary Session II  
**July 9<sup>th</sup>-25<sup>th</sup>, 2012, Sarasota, FL**

**Cohort group** \_\_\_\_\_

Either cohort name or the start date of the cohort

**Applicant (Full Legal Name)** \_\_\_\_\_

**NOTE: If you have already enrolled in the Full Certificate course of study and have arranged payment for the residential program, sign the last page of this form and check this box**

Otherwise, please complete the payment information below and on the next page.

**Party responsible for payments**

\_\_\_ Applicant

\_\_\_ Sponsoring School – Head of School or Contact Person /phone number \_\_\_\_\_

\_\_\_ Other

Other payer name and phone number \_\_\_\_\_

Other payer relationship to student \_\_\_\_\_

**IMPORTANT: PROCEED TO THE NEXT PAGE IF YOU HAVE ALREADY ENROLLED IN THE FULL-CERTIFICATE PROGRAM.**

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**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.

*Please initial next to your preferred payment plan:*

\_\_\_ **\$1500 in one payment.**

Total of \$1500 due immediately.

\_\_\_ **\$1700 in two payments of \$850**

Total of \$900 due immediately, remainder due within 90 days of service being provided.

\_\_\_ **\$1902 in three payments of \$634**

Total of \$634 due immediately, remainder due within 180 days of service being provided.

\_\_\_ 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, LLC, and ensure that all funds are in US dollars. )

\_\_\_\_\_ Visa                    \_\_\_\_\_ Master Card

*Note credit card option must be selected if using a three payment plan.*

**Complete information below for credit payments:**

Name on the Card \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

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**