# **CGMS Tuition Form**

You may print this form and fill it out manually, or you may fill it out electronically. If you do so, please note that you MUST download the form first. Forms that are filled out in a web browser often lose their information when saved.

Either way, when filled out and signed, please send a copy to admissions@cgms.edu, fax to 941-827-2981, or mail to:

CGMS 4532 West Kennedy Blvd. Suite 233 Tampa, FL 33609



Please note that this document is due at the time of enrollment.
Adult Learner Name
Program Applying for (e.g. Infant/Toddler Full Certificate)
Party responsible for payments (if multiple parties paying, indicate percentage of responsibility)
□ Applicant
□ Sponsoring School – Head of School or Contact Person /phone number/email
☐ Other - Payer name and phone number
Other payer relationship to adult learner
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.
Withdrawals and Refunds
Application Fees are non-refundable. All tuition and fees (less the application fee) paid by the applicant shall be refunded if requested within 3 business days after signing a contract. All refunds shall be returned within 30
days. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All other refunds are due according to the following schedule:

# Withdrawal after the Residential Session

Withdrawal after attendance at a residential session will result in responsibility for \$1600 per session attended. This will be taken into consideration when calculating refunds or balance due, along with the following policies regarding withdrawal during the distance-learning phase.

he

#### Withdrawal during the Distance Learning Phase

- Before the end of week # 2 of the distance learning phase 90% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 10% of the total base tuition.
- Before the end of week #8 or end of the first module of the distance learning phase, 80% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 20% of the total base tuition.
- Before the end of the second module, 60% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 40% of the total base tuition.
- By the end of the third module, 30% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 70% of the total base tuition.
- By the end of the end of the fourth module, 20% of the base tuition will be refunded. A withdrawing adult learner is responsible for paying 80% of the base total tuition.

<ul> <li>adult learner is responsible for paying 80% of the base total tuition.</li> <li>No refunds will be made for withdrawals after the fourth module, and adult learners making payme are still responsible for the entire tuition.</li> </ul>					
Please sign this page to indicate understanding and agreement					
CGMS Tuition Agreement v. 6/30/2020	Page 1 of 6				

### **Preferred Payment Option**

The application fee of \$100 is due with this application.

The first payment as listed below **must** be scheduled as soon as the Tuition Agreement is submitted to Finance, and must be paid no later than 30 days. CGMS may, at its discretion, break larger credit card tuition payments into smaller amounts without additional charges to the adult learner. We are happy to create custom payment plans on request; contact us at <a href="mainto:financialaid@cgms.edu">financialaid@cgms.edu</a> to discuss your needs. If such a plan has been created, CGMS will provide a substitute agreement for this form.

# **Tuition and Fee Schedule**

Tuition				Save 5% off of tuition if enrolled
	Program	Certificate		before the end of October, 2020
	Infant/Toddler	Associate	<del>-\$4990</del> -	\$4740
	Infant/Toddler	Full	<del>-\$6620-</del>	\$6289
	Early Childhood	Associate	<del>-\$4990</del> -	\$4740
	Early Childhood	Full	<del>-\$6620-</del>	\$6289
	Elementary I	Full	<del>-\$6620-</del>	\$6289
	Elementary II	Full	<del>-\$6620-</del>	\$6289
	Elementary I&II	Full	<del>-\$9010-</del>	\$8559
	Secondary	Full	<del>-\$9010-</del>	\$8559

If Field Consultants need to travel more than 100 miles, then reasonable travel expenses will also need to be covered.

### Elementary I and I-II Adult Learners Please Note

The EC Overview Course is mandatory if applicant has not received a Montessori early childhood credential from an accredited institution.

	EC Overview	six weeks \$360
_	EC O VEI VIEW	SIA WEEKS \$500

TOI	understanding and agreement:	
Plages cian this nage indicating	i iindarctandina andaaraamanti	
i icase sign uns bage muicaung	. unuci stanume anuaei contin.	

### **Fees**

## Service fee - Please check your desired payment schedule

# payments	Schedule	Service fee
1	one time	\$0
3	Every 3 months	\$200
6	Bi-monthly	\$300
18	Monthly	\$500
24	Monthly	\$600 (only eligible for the EL I-II program)

*Note: the service fee is a one-time charge added to the total bill. It is not per-payment.* 

#### **Professional Fee**

This mandatory fee covers the cost of registering you with our various accrediting bodies. Additional Professional fees will apply when transferring to a different certification level and/or returning after an absence of 2 years.

□ \$350

#### Self-directed fees - Please check one

<b>Supervised</b> (A Supervising Teacher with an accredited Montessori Credential in your age level, who is in at least the third year of teaching post-certification, will be in the classroom with you at all times)	\$0
Self Directed with Mentor on site (A Mentor with an accredited Montessori Credential in your age level, who is in at least the third year of teaching post-certification, is on site and agrees to weekly meetings and monthly observations in your classroom)	\$600
<b>Self Directed, no onsite Mentor</b> (this option is a minimum fee of \$600 and additional fees will apply as determined by the director and practicum team)	\$600 (additional fees will apply)

Total (Tuition + Fees)	Amt. per payment (total divided by # of payment	is)
		. ,

### Example:

Sara is taking the Elementary I course while at the same time serving as the lead teacher in her classroom. She wishes to pay in three installments. Sara will not need to take the EC overview course, because she previously received her early childhood credential from a MACTE accredited training course. Sarah's total tuition is (\$6,620 tuition) + (\$200 service fee) + (\$350 professional fee) + (\$600 self-directed fee), or \$7,770. She will pay in three installments of \$2,590 each. This does not include the \$100 she will pay at the time of her application.

TOI	• 1• 4•	understanding an	1 4	
Planca cian this	anitoaibaí anaca	understanding ar	nd aaraamant.	
T ICASC SIZII LIIIS	S Daye Hillicaliny	uniuci stanuniiy at	IU AY I CCIIICIII.	

Other paym	ent plan as disc	ussed and agreed up	on with a	CGMS tuition counselor (details be	elow)  
-					
Multiple Parties I	Paying?				
□ Yes				ition then all must sign this document of responsibility.	ent.
Preferred Paymer	nt Method				
□ Check	Make payable to The Center for Guided Montessori Studies and ensure that all funds are in US dollars. Please note payments should be mailed to the North Carolina address rather than the Florida office.				
□ Visa		Master Card		American Express	
If you are paying by information upon ac			will collec	t your credit card	
Referring person:					
Did anyone refer y	ou to the CGMS	program, if so who	?		
Please sign this pa	nge indicating u	nderstanding and a	agreement	t:	

### Please sign the following statement. By signing you agree to the statement below.

The information given in this application and tuition agreement form is correct. I understand that a \$100 application fee is due with this document, and that unless I am a resident of the state of Michigan this application fee is entirely non-refundable if I am not accepted. 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 agree to the refund policy in this document. I understand that an unpaid balance maybe submitted to a collection agency, and that said 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 scan this form to admissions@cgms.edu, fax to 941-827-2981, or mail to:

CGMS 4532 West Kennedy Blvd. Suite 233 Tampa, FL 33609