



2021/22 KINDERFOREST MEMBERSHIP FEE AGREEMENT

VALUE EXCHANGE: As valued members of SOLA CSE (community supported education), all families are asked to contribute their time and energy towards the health of our cooperative. Parent support with transportation/carpooling, gathering materials, pitching in with projects or planning trips will enrich our children’s learning, create a deeper sense of community, and sustain the heart of our cooperative.

In keeping with our intention to create an economically diverse learning community, we offer a sliding scale fee schedule. We trust our members’ innate ability to recognize value & compensate accordingly. Fees at the bottom of this scale sustain the basic needs of our cooperative, while fees at the top of this scale help our program to grow and thrive.

Student Name/s _____

Individual/s Responsible for payment of fees _____

FEE COMMITMENT

\$ _____ **Plan A:** Two equal payments due August 1st and January 1st

\$ _____ **Plan B:** 12 monthly payments. The first payment is due by August 1st and the 11 remaining payments are due on the first of the month through July 1st.

TOTAL FEE COMMITMENT AND PAYMENT \$ _____ paid _____ (monthly/bi annually/other)

TOTAL MATERIALS FEE PAYMENT* \$ _____ (*note- materials fee payment secures your child’s placement in the class)

I understand that fees are based on SOLA’s annual budgetary needs, and are used primarily to pay faculty salaries for the year. I agree to make payments on time, and in full. I understand that I am responsible for paying fees even when classes are cancelled due to inclement weather, or other unforeseen circumstances, and that make up days will be offered if at all possible. Should our family elect to shift enrollment, or choose to leave the cooperative, we will notify SOLA administration at least 30 days in advance to allow SOLA staff time to address the resulting shift in class community and monthly income. I understand that I am responsible for the payment of fees during the month of notification, regardless of whether my child attends classes.

Signature of Responsible Individuals/ Parents

_____ **Date** _____

_____ **Date** _____