

Sterling Montessori Charter School

2019-2020 Before/After Care Contract

Student's Name	Gender	Classroom	Grade
Street Address			
City	State	Zip	
Mother's Name	Father's Name		
Mother's Home Phone	Father's Home Phone		
Mother's Cell Phone	Father's Cell Phone		
Email	Email		
Emergency Contact Person	Emergency Contact Phone		
Additional Authorized Pick-Up Persons			

Please check appropriate box to select desired program. *Program fee payment due with registration.* Remaining monthly installments will be automatically drafted from a checking account by the 8th of each month beginning September and continuing through May.

PROGRAM	ANNUAL TUITION	PROGRAM FEE* due with registration	TUITION (Drafted monthly, Sept. to May)
<input type="checkbox"/> BEFORE CARE: 7:00am – 8:30am	\$1,770	\$177.00	\$177.00
<input type="checkbox"/> AFTER CARE: 3:45 pm – 6:00 pm	\$2,590	\$259.00	\$259.00
<input type="checkbox"/> BEFORE & AFTER CARE: 7:00am – 6:00 pm	\$4,030	\$403.00	\$403.00

***Non-refundable / non-transferable program fee is due with registration.**

Please complete the information on the next page and submit with this contract.

Program Cancellation: Parents wishing to cancel the Before/Aftercare program must give a 14 day written notice and schedule the withdrawal to take place at the end of a calendar month. The last day of the month will be considered the effective withdrawal date for calculating tuition. Re-enrollment into the program will be dependant on space availability and an additional deposit will be required.

Sterling Montessori requires tuition payments to be automatically drafted from your bank account. The auto draft form is available at www.sterlingmontessori.org and in the main office. Monthly Tuition will be drafted no later than the 8th of the month or the next business day.

- Continue using auto draft information currently on file from 2018/19
- Auto Draft form with new, or updated, bank information attached

Parent Signature

Date

Program Fee (check one) is attached: ____ \$177(Before Care) ____ \$259 (After Care) ____ \$403 (Full Day)

Registrar's Initials

Check #

Date

MEDICAL INFORMATION

Does the student have a chronic illness (i.e, Asthma, Diabetes, etc)? • Yes • No

If yes, please list and include any medication they take for the illness: _____

Does the child have any known allergies or food restrictions? • Yes • No

If yes, please list: _____

Does your child's allergies require an Epi-Pen to be administered? • Yes • No

Insurance Carrier _____ Policy Number _____

Student's Physician _____ Physician's Phone

No. _____

Hospital Preference _____

I authorize Sterling Montessori to obtain medical attention for my child in an emergency.

Parent's Signature _____ Date _____