Before & After Care Contract 2023/2024



Student Information

Student's Name	Gender	Classroom	Grade
Street Address			
City	State	Zip	
Parent/Guardian Information			
Guardian's Name	Relationship to Student		Cell Phone
Guardian's Email			
Guardian's Name	Relationship to Student		Cell Phone
Guardian's Email			
Emergency Contact Name	Relationship to Student		Cell Phone
Additional Authorized Pick-Up Persons			

Program Selection

Please check the appropriate box to select the desired program. **Program deposit 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 Deposit Due with Registration	Tuition Drafted Sept. to May
□Before Care: Begins at 7:30 AM	\$1,220	\$122.00	\$122.00
□After Care: Ends at 6:00 PM	\$2,700	\$270.00	\$270.00
☐ Before & After Care: 7:30 AM - 6:00 PM	\$3,920	\$392.00	\$392.00

^{**} Non-refundable / non-transferable Program Deposit is due with registration.

Please complete the information on the back of this page before submitting this contract.

Medical Information

Does your child have a chronic illness (i.e., Asthma, Diabetes, etc.)? YES NO	Wiediedi illioi illation						
Does your child have any known allergies or food restrictions? YES NO	Does your child have a chronic	illness (i.e., Asth	ma, Diabetes, etc.)?	YES	NO		
If yes, please list: Does your child's allergy require an Epi-Pen to be administered? Insurance Information Insurance Carrier: Physician: Physician's Phone Number: Hospital Preference: I authorize Sterling Montessori to obtain medical attention for my child in an emergency. Parent's Signature: Payment Information A program deposit check or money order is required with the registration form. For recurring tuition payments, the auto draft form is available at www.sterlingmontessori.org . Monthly tuition payments will be drafted no later than the 8th of the month or the next business day. ALL PROGRAM DEPOSITS MUST I PAID BY CHECK/MONEY ORDER (Deposits cannot be auto-drafted). Continue using auto draft information currently on file Auto Draft form with new, or updated, bank information attached Program Fee is attached: (check one) Before Care After Care Before & Aftercare Registar's Initials: Check #: Date: Program Cancellation Parents wishing to cancel the Before & Aftercare program must give a minimum 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	If yes, please list and include any medication they take for the illness:						
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