

Before & After Care Contract

Children's House PK 3 - Kindergarten



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. Tuition not paid by the 8th of the month will result in a \$25 late fee/month. After 30 days, notification will be made that the account is in arrears. Payment in full is expected within 15 days of notification for the child to be eligible to continue in the program. I agree to pay the tuition in the amount specified on the attached payment schedule, regardless of the number of days that my child actually attends school.

Program	Annual Tuition	Program Deposit <i>Due with Registration</i>	Tuition <i>Drafted Sept. to May</i>
<input type="checkbox"/> Before Care: Begins at 8:00 AM	\$1,220	\$122.00	\$122.00
After Care: Ends at 6:00 PM	\$2,700	\$270.00	\$270.00
<input type="checkbox"/> Before & After Care: 8:00 AM - 6:00 PM	\$3,920	\$392.00	\$392.00

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

Accounts 45 days in arrears or more may be: (1) asked to submit all payments due according to the terms of this contract, (2) asked to withdraw immediately from the program, and (3) sent to collections due to non-payment. During the academic school year, if a bank draft payment plan account incurs a late pick-up fee we will withdraw the fee in addition to the monthly tuition payment at the next billing cycle.

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

Revised 10/23

Medical Information

Does your child 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 your child have any known allergies or food restrictions?	YES	NO
If yes, please list:		
Does your child's allergy require an Epi-Pen to be administered?	YES	NO

Insurance Information

Insurance Carrier:	Policy Number:
Physician:	Physician's Phone Number:
Hospital Preference:	
I authorize Sterling Montessori to obtain medical attention for my child in an emergency.	
Parent's Signature:	Date:

Payment Information

A PROGRAM DEPOSIT CHECK OR MONEY ORDER IS REQUIRED WITH THE REGISTRATION FORM. DEPOSITS CANNOT BE AUTO-DRAFTED. 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.

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

Program Fee is attached: (check one)	\$122.00 Before Care	\$270.00 After Care	\$392.00 Before & Aftercare
Registrar'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 dependent on space availability and an additional fee will be required.

Guardian Signature

Date