Before & After Care Contract PK3 - K 2021/2022



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 fee 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 Sept. to May
□ Before Care: 7:30 - 8:25 AM	\$1,200.00	\$120.00	\$120.00
☐ After Care: 3:30 - 6:00 PM	\$2,640.00	\$264.00	\$264.00
☐ Before & After Care: 7:30 AM - 6:00 PM	\$3,840.00	\$384.00	\$384.00

^{**} Non-refundable / non-transferable Program Fee 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., Asth	ıma, Diabetes, etc.)?	YES	NO
If yes, please list and include any me	edication they take	for the illness:		
Does your child have any know	n allergies or foc	od restrictions?	YES	NO
If yes, please list:				
Does your child's allergy require an	Does your child's allergy require an Epi-Pen to be administered?		YES	NO
Insurance Informatio	n			
Insurance Carrier:		Policy Number:		
Physician:		Physician's Phone Number:		
Hospital Preference:				
I authorize Sterling Montessor	i to obtain medic	al attention for my chile	d in an eme	rgency.
Parent's Signature:			Date:	
Sterling Montessori requires tuition draft form is available at www.sterlin.no later than the 8th of the month or Continue using auto draft infor Auto Draft form with new, or upon the sterling and the sterling auto draft inform.	ngmontessori.org are the next business of mation currently	nd in the Main Office. Mont lay. on file		
Program Fee is attached: (check one)	\$120.00 Before Care	\$264.00 After Care		\$384.00 & Aftercare
Registar's Initials:		Check #:	Date:	
Program Cancellation Parents wishing to cancel the Before schedule the withdrawal to take place considered the effective withdrawal dependent on space availability and a	& Aftercare programe at the end of a cale late for calculating	endar month. The last day o tuition. Re-enrollment into	of the month v	vill be
Guardian Signatur	re		Date	Revised 3/2