# **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	<b>Program Fee</b> Due with  Registration	<b>Tuition</b> 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

<sup>\*\*</sup> 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**

Medical information				
Does your child have a chronic	c illness (i.e., Asth	ma, Diabetes, etc.)?	YES	NO
If yes, please list and include any m	nedication they take f	for the illness:		
Does your child have any know	wn allergies or foo	d 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 Information	on			
Insurance Carrier:		Policy Number:		
Physician:		Physician's Phone Number:		
Hospital Preference:				
I authorize Sterling Montesso	ri to obtain medic	al attention for my child	d in an eme	rgency.
Parent's Signature:			Date:	
Payment Information Sterling Montessori requires tuition draft form is available at <a href="https://www.sterling.no">www.sterling.no</a> later than the 8th of the month of Continue using auto draft info  Auto Draft form with new, or under the continue of the continue o	n payments to be auto ingmontessori.org and arthe next business of the next business of the reaction currently of the autonical and arther the autonical arthresis and arthresis and arthresis and arthresis are also and arthresis and arthresis are also arthresis and arthresis are also are als	id in the Main Office. Mont lay. on file rmation attached	hly tuition wi	ill be drafted
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	e & Aftercare program ce at the end of a cale date for calculating t	endar month. The last day o uition. Re-enrollment into	f the month v	will be
Guardian Signatu	ure		Date	Revised 3/21

# **Automatic Bank Draft for Tuition**



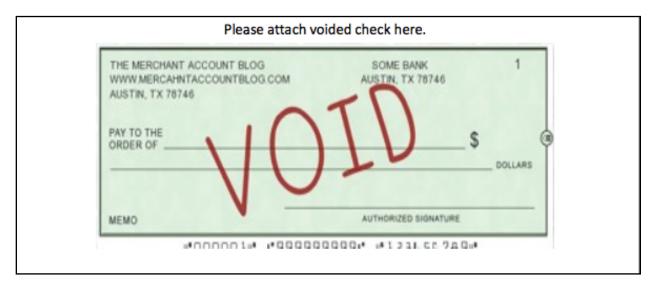
Please complete this form and return to Wyleen Davis at <u>admissions@sterlingmontessori.org</u> in order to have your tuition/after school fees automatically drafted from your bank account.

Child's Name

Monthly Tuition Amount to be Drafted

Date of First Draft

#### Please attach a voided blank check below for the account that will be drafted.



### **Please note:**

Your account will be drafted each month no later than the 8th of the month or the next business day.

Your monthly tuition payment will display on your bank account as payable to: "Laura Holland Uzzell"

To cancel the draft or make changes, please contact Wyleen Davis.