

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 <i>Due with Registration</i>	Tuition <i>Drafted Sept. to May</i>
<input type="checkbox"/> Before Care: 7:30 - 8:25 AM	\$1,200.00	\$120.00	\$120.00
<input type="checkbox"/> After Care: 3:30 - 6:00 PM	\$2,640.00	\$264.00	\$264.00
<input type="checkbox"/> 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.

Revised 3/21

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

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
- ☐ Auto Draft form with new, or updated, bank information attached

Program Fee is attached: (check one)	___ \$120.00 Before Care	___ \$264.00 After Care	___ \$384.00 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
Revised 3/21

Automatic Bank Draft for Tuition



Please complete this form and return to Wyleen Davis at admissions@sterlingmontessori.org 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 attach voided check here.

A sample of a voided blank check. The check is light green and features a large, diagonal red "VOID" stamp across the center. The text on the check includes: "THE MERCHANT ACCOUNT BLOG", "WWW.MERCAHNTACCOUNTBLOG.COM", "AUSTIN, TX 78746", "SOME BANK", "AUSTIN, TX 78746", "1" (in the top right corner), "PAY TO THE ORDER OF", "\$", "DOLLARS", "MEMO", and "AUTHORIZED SIGNATURE". At the bottom, there is a line of small, illegible text.

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.