

Student/Family Name (Last, First): \_\_\_\_\_

Received Date/ by: \_\_\_\_\_

Payment Received: Cash Check # \_\_\_\_\_ Credit Card # on file



**Washington Montessori Public Charter School**  
**Before and After School Program**  
**Application 2019-20**

1

- Regular Attendee:** attends on a weekly basis
- Drop in Only:** attends no more than 3 days per month
- High School Student:** will attend the program for a \$50 annual fee

2

- Before-School Care 7:00 - 7:30 am** **\$5.00 per family per day**  
 \_\_\_\_\_ # of children: \_\_\_\_\_

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- Before-School Care 7:30 - 8:00 am** **No Charge**  
*Please check one*  Individual Child  
 Family: \_\_\_\_\_ # of children

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- After-School Care 3:00 - 6:00 pm**  
*Please check one*  Individual Child Family: **\$15/day, \$12.00 per additional child**  
 \_\_\_\_\_ # of children: **\$40/week, \$30.00 per additional child**

3

**Registration Fee: \$25.00 per family**  Paid \$ \_\_\_\_\_  
*(one time fee the first year enrolled in program)*

**Supply Fee: \$35.00 per child**  Paid \$35 X \_\_\_\_\_ # of Children = \$ \_\_\_\_\_  
*(Supply fee for Regular Attendance Only)*

4

**Student's Name(s):** \_\_\_\_\_ **Grade(s):** \_\_\_\_\_ **Guides(s):** \_\_\_\_\_

**Allergies/Medical Conditions**

**Parent's/Guardian's Name(s)**

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Person to notify in case of emergency (if you cannot be contacted)

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

*It is critical that you keep us posted of any changes AND that the information you provide is accurate for the time period your child is in our care!*

## BASC Program Child Pick Up List

**People other than parent(s)/guardian(s) and emergency contact listed on front of application who are permitted to pick up child(ren) from the After School Care Program.**

5

(Please indicate if this list is different for each child or if all people listed below are permitted to pick-up all children listed on the front of this application.)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_