

# WASHINGTON MONTESSORI

## Before and After School Care Program

### Application 2020-21

Office Use Only	
Received by: _____	
Date Received: _____	Time _____
Payment Received	<input type="radio"/> Cash <input type="radio"/> Check # _____

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

<b>Before-School Care</b>	<b>Not Available at this time</b>
Please <input type="radio"/> Individual Child	
check one <input type="radio"/> Family # of children: _____	
<b>After-School Care 3:00 - 6:00 pm</b>	
Please <input type="radio"/> Individual Child	\$15/day, \$12.00 per additional child
check one <input type="radio"/> Family # of children: _____	\$40/week, \$30.00 per additional child

<b>Registration Fee: \$25.00 per family</b> <i>(one time fee the first year enrolled in program)</i>	<input type="radio"/> Paid \$ _____
<b>Supply Fee: \$35.00 per child</b> <i>(Supply fee for Regular Attendance Only)</i>	<input type="radio"/> Paid \$35 X _____ # of Children = \$ _____

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

**Grade:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

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**Allergies/Medical Conditions** \_\_\_\_\_

<b>Parent's/Guardian's Name(s)</b>	
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.**

(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:** \_\_\_\_\_