



Dearcroft Montessori School
Before/After School Program
September 2012 to June 2013

Morning Program

Time: 7:30 a.m. to 8:45 a.m.
Fee: \$175 per month

Afternoon Program

3:30 p.m. to 6:00 p.m.
\$275 per month

Morning and Afternoon Program

Time: 7:30 a.m. to 8:45 a.m. and 3:30 p.m. to 6:00 p.m.
Fee: \$375 per month

We realize that some parents may require less time in the program than others, however the fees have been standardized to meet the requirements of parents who will utilize these programs on a fairly consistent basis. For this reason, enrollment capacity will be limited. If the need arises for a student who is not registered in the after school program to require after school care (after 3:30 p.m.), a flat rate of \$15.00 will be charged regardless of time spent in the program. A flat fee of \$10.00 will be charged for before school drop in.

It is important that emergency/alternative contacts be listed. In the event you may be delayed beyond 6:00 p.m., you must make arrangements for one of your emergency contacts to pick up your child. Enrollment in our after school program will be cancelled if delays past 6:00 p.m. are repeated.

I/We have read the program outline of the Before/After School Program and fully understand the commitment to arrive before 6:00 p.m. each evening. The required payment for this extra programming is enclosed (monthly post-dated cheques, payable to Dearcroft Montessori School – separate from tuition fee cheques please).

Child's Name

Parent's Name

Date

Parent's Signature



Dearcroft Montessori School

1167 Lakeshore Road East

Oakville, Ontario L6J 1L3

Tel: 905-844-2114 Fax: 905-844-3529

Email: dearcroft@primus.ca

Web: www.dearcroft.com

BEFORE/AFTER SCHOOL PROGRAM

STUDENT INFORMATION

Student: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Tel. No. _____

Birth Date: (day) _____ (month) _____ (year) _____ Male _____ Female _____

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

Home Tel: _____ Home Tel: _____

Bus/Cell: _____ Bus/Cell: _____

Email: _____ Email: _____

Emergency/Alternate Contact Names and Tel Numbers _____

Before School Only _____
(7:30 a.m. – 8:45 a.m.) \$175/month

After School Only _____
(3:30 p.m. – 6:00 p.m.) \$275/month

Before and After School _____ Occasional Care _____
(7:30– 8:45 a.m. & 3:30– 6:00 p.m.) \$375/month (\$10.00 before/day & \$15.00 after/day)

Monthly fees are to be paid in advance by post-dated cheques dated the first of each month.
Cheques payable to Dearcroft Montessori School (separate from tuition fee cheques please).

Parent Signature

Date: _____

Parent Signature

Date: _____