Maria Montessori Charter Academy

Before & After School Care Application 2022/2023

(A separate application form needs to be filled out for each child)

Student's Legal Name: _____
Last First Middle

Grade: ___Age:___

Date of Birth: __/__/___

Please mark days your child will attend: ___Mon. ___Tues. ___Wed. ___Thurs. __Fri. ___Minimum Days

* Before and After School Care is not available during holidays

** "Daily drop in" after school care will be provided on a first come, first serve basis, if space is available. If your child is not picked up by 3:25 they will be placed in the After School care program and you will be charged $5. If you pick your child up after 3:45 (2:25 on articulation days and 12:25 on minimum days), you will be charged the daily rate.

*** After-school care enrollment is capped at 30 children per day.

Address: _____

Home Phone Number: _(_____)_____

Please **X** the rate(s) that applies to you.

Before Care: 7:00-8:10 am

____ $9 per child / day

Combination (Before and After Care) Rates:

_____ $22 per child / regular day (3:10 dismissal)

_____ $23 per child / Kindergarten/articulation Monday (1:50 dismissal)

Late Pick Up:

____ $5 per child from 3:25 (3:10 dismissal) until 3:45

____ $5 per child from 12:00 (min day) dismissal until 12:45

After Care:

____ $17 per child / regular day (3:10 dismissal until 6:00)

____ $20 per child / Kindergarten/articulation Monday (1:50 dismissal until 6:00)

____ $3 per child from 1:50-3:10

____ $25 per child / minimum day (12:00 dismissal until 6:00)

____ $18 per child / minimum day (12:00 dismissal until 3:10)

****After 6:00pm, you will be assessed $1/minute****

Please be advised that upon enrollment you will be responsible to pay for the days you sign up for. (Please see attached after-school care calendar and circle the days you wish to attend). This is done because that spot could have gone to another participant. Payments can be made at the time of billing, a month in advance or for the entire year. We are capping enrollment in our after school program at 30 kids per day. Enrollment is limited to MMCA families. Spots will be filled on a first come, first serve basis.

Father's Name: _____
(or Legal Guardian)*

Address (if different than student's):

_____
Number & Street City Zip Code

Home Phone: _(____)_____

Employer: _____

Work Phone: _(____)_____

Cell Phone: _(____)_____

Email: _____
(to be used for school business only)

Mother's Name:_____
(or Legal Guardian)*

Address (if different than student's):

_____
Number & Street City Zip Code

Home Phone: _(____)_____

Employer: _____

Work Phone: _(____)_____

Cell Phone: _(____)_____

Email: _____
(to be used for school business only)

I hereby declare that all information provided on this application is truthful to the best of my knowledge.

Parent/Guardian Signature: _____Date: _____

Parent/Guardian Signature: _____Date: _____