

Maria Montessori Charter Academy

Winter Care Payment Coupon

January 2 – January 6, 2017

Please fill out and submit with your payment to reserve your child's place. PAYMENTS ARE DUE BY FRIDAY, DECEMBER 16TH.

Student Name: _____

Planned schedule (circle Full or Half for each planned attendance day):

Mon 1/2	Tues 1/3	Wed 1/4	Thurs 1/5	Fri 1/6	Full Week
Full	Full	Full	Full	Full	Full (\$180)
Half	Half	Half	Half	Half	Half (\$120)

*Half day is 5 hours or less

Fee Information:

_____ X \$39 (if paid by 12/16; after 12/16 rate is \$66) = _____
Full Days (or \$180 for 5 days if paid by 12/16)

_____ X 25 (if paid by 12/16; after 12/16 rate is \$36) = _____
Half Days (or \$120 for 5 days if paid by 12/16)

Total Payment _____

Payment Information:

Check or Cash payment is attached (Check # _____)

Charge my credit/debit card for total amount

Cardholder Name: _____ Card # _____

Cardholder Address: _____ Exp Date _____

(include zip) _____ Signature _____

Staff Use:
 Payment Date _____ Received By _____

MARIA MONTESSORI CHARTER ACADEMY WINTER CARE POLICIES

PAYMENT INFORMATION

Winter Care hours are 7am-6pm Monday, January 2 -Friday, January 6.

We prefer prepayment. Payments received by 12/16/16 will be charged \$39 for full days and \$25 for half days. Children signing up all 5 days will be charged \$180 for full days and \$120 for half days. A half day is 5 hours or less.

Payments received after 12/16/16 will be charged a drop-in rate of \$66 for full days and \$36 for half days.

(initials)

(initials)

REFUND POLICY

- Registrants assume the risk of changes in personal affairs or health. Refunds will be approved with written/electronic notification received before 12/17/16. A \$25 administrative fee will be deducted from the total refund.

(initials)

(initials)

PG MOVIE PERMISSION

MMCA occasionally shows entertainment films during Winter Care. Sometimes these films are rated PG. Our philosophy embraces a conservative approach to selecting these films and we do not show films that include foul language, excessive violence, or sex.

MMCA requests permission to make selections of these films on your behalf. Your right as a parent to control your child's viewing is respected. Please indicate on the form below, your preference for our handling of this issue. Your child will not be allowed to view PG films without your approval.

_____ I give permission for my child(ren) to view films selected by the MMCA staff

_____ I would like to be notified in advance of each PG film shown from a commercial source.

_____ I do not give my permission for my child to view PG films

(initials)

(initials)

PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. Maria Montessori Charter Academy (MMCA) assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that MMCA does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my child is physically fit and, should this condition change at any time during the program I will notify the administration of MMCA Winter Care immediately. MMCA has my permission to call 911 and/or to send my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by MMCA staff concerning this program. I authorize MMCA to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accepted the terms of this participant's agreement as outlined.

Parent/Guardian Signature

Date