

EXTENDED CARE PROGRAM-2024-2025

**ENROLLMENT FORM**

**Student Name: Date:**

**Level: Teacher:**

**Please, indicate the Extended Care option that you will be using for this student for the 2024-2025 school year.**

* **3:30 to 5:00 p.m.**
  + **Every day for the full academic year**
  + **1, 2, 3 or 4 days a week (Circle Days Needed): M T W Th F**
* **Extra Day Rates (Drop-In)**
  + **24-Hr. Advance Reservation and Space-Available Confirmation Required**

**FINANCIAL AGREEMENT**

* Extended Care program fees will be billed according to the option selected above and its associated fee listed on pricing. ***Annual options must be paid in full by August 1st, 2024***. Monthly options will be divided into 10 equal monthly payments and due on the 1st of each month via ACH automatic debit. Extra Day Rates will be billed as incurred and due within 10 days. No adjustments are made for school closures or for absences. All payments must be current, or Southlake Montessori reserves the right to suspend use of the Extended Care Program. ***A non-refundable $40 registration fee is due with this application.***

Date:

Parent/Guardian Signature

Print Parent/Guardian Name