



EXTENDED CARE PROGRAM-2022-2023

ENROLLMENT FORM

Student Name: _____ Date: _____

Level: _____ Teacher: _____

Please, indicate the Extended Care option that you will be using for this student for the 2021-2022 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, 2022.** Monthly options will be divided into 9 equal monthly payments and due on the 1st of each month with the first payment due on September 1st. Extra Day Rates will be billed on the 1st of each month for the preceding month. No adjustments are made for school closures or for absences. Payments must be paid by the 1st of each month or Southlake Montessori reserves the right to suspend use of the Extended Care Program. **A non-refundable \$35 registration fee is due with this application.**

Parent/Guardian Signature Date: _____

Print Parent/Guardian Name