

WASHINGTON MONTESSORI

Before and After School Care Program

Office Use Only	
Received by: _____	
Date Received: _____	Time _____
Payment Received <input type="radio"/> Cash <input type="radio"/> Check # _____	

Application 2023-24

- Regular Attendee: Student attends on a weekly basis
- Drop in Only: Student attends no more than 3 days per month
- My child is a High School Student and will attend the program for a \$75 annual fee

Before-School Care	
7:30 - 8:00 am	No charge
* No 7:00 a.m. drop off	
After-School Care 3:00 - 6:00 pm	
<i>Please check one</i>	<input type="radio"/> Individual Child <input type="radio"/> Family # of children: _____
	\$80/week, \$60.00 per additional child
Drop In Rate \$15/hour, \$12.00 per additional child (drop in rate is for 3 times or less per month)	

Registration Fee: \$25.00 per family (one time fee the first year enrolled in program)	<input type="radio"/> Paid \$ _____
Supply Fee: \$35.00 per child (Supply fee for Regular Attendance Only)	<input type="radio"/> Paid \$35 X _____ # of Children = \$ _____

Student's Name(s):	Grade:	Teacher:
_____	_____	_____

Allergies/Medical Conditions _____

Parent's/Guardian's Name(s)	
<i>Last</i> _____	<i>First</i> _____
Daytime Phone # _____	Cell Phone# _____
<i>Last</i> _____	<i>First</i> _____
Daytime Phone # _____	Cell Phone# _____

Person to notify in case of emergency (if you cannot be contacted)	
<i>Last</i> _____	<i>First</i> _____
Daytime Phone # _____	Cell Phone# _____

It is critical that you keep us posted of any changes AND that the information you provide is accurate for the time period your child is in our care!

BASC Program Child Pick Up List

People other than parent(s)/guardian(s) and emergency contact listed on front of application who are permitted to pick up child(ren) from the After School Care Program.

(Please indicate if this list is different for each child or if all people listed below are permitted to pick-up all children listed on the front of this application.)

1 _____

2 _____

3 _____

4 _____

5 _____

Signature of Parent/Guardian: _____