



# Casa Esperanza Montessori

a dual-language charter school and preschool community

## Before School, and After School Child Care Application

2011-2012 Academic Year

A separate form and a \$50, non-refundable registration fee, is required for each child each year. Check is deposited upon acceptance into program(s) requested.

Please make checks payable to CEMCS.

### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Level for '11-'12 Academic Year: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergies (list all): \_\_\_\_\_

### Program(s) Offered:

**\*Amount shown below does not include automatic bank draft discount**

\* Before School receives a \$5 discount per installment if paid via automatic bank draft.

\* After School receives a \$10 discount per installment if paid via automatic bank draft.

**Installment Payments are due even when the school is closed for part of the month for school intersession, federal and/or state holidays, teacher work-days, and/or weather-related events.**

Please check appropriate box to select desired program(s):

| Program  | Annual Tuition | Non refundable deposit Including registration fee (July) or time of application | Installment amount (9 months August – April) |
|--|----------------|---|--|
| <input type="checkbox"/> <b>Before Care</b> (7:30am-8:05am)  | \$800          | \$130   | \$80   |
| <input type="checkbox"/> <b>After School</b> (3:20pm-6:00pm) |                |   |  |
| <input type="checkbox"/> 5 days After Care                   | \$2,300        | \$280   | \$230  |
| <input type="checkbox"/> 4 days After Care                   | \$1,900        | \$240   | \$190  |
| <input type="checkbox"/> 3 days After Care                   | \$1,500        | \$200   | \$150  |
| <input type="checkbox"/> 5 days Before and 5 days After Care | \$3,100        | \$360   | \$310  |

**\* If selected partial week, please indicate requested days of care:**

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_

### Early Release days are NOT INCLUDED

Students enrolled in the afterschool program pay a discounted rate of \$10 per child per early release day.

**Any deviation from above program schedule will be considered to be a Drop in care. Drop in care cost is \$ 5 /child for Before School and \$15 / child for After School.**

**Parent/Guardian Consent Form**

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Daytime Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Daytime Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

*I, the parent or guardian of the above-named child, hereby register him/her for participation in the Childcare Program and fully agree to the rules and regulations of the Casa Esperanza Montessori Charter School (CEMCS) parent handbook and do hereby release CEMCS and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardians, release Casa Esperanza Montessori School from all responsibilities from injuries of any nature incurred while participating in the Childcare Program and acknowledge that medical insurance is my responsibility.*

**Emergency Medical Treatment**

*In the event \_\_\_\_\_ (student's name) becomes ill or sustains an injury while in the care of or under the supervision of the Casa Esperanza Childcare Program coordinators and volunteers, they are given permission to administer first aid for child's relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.*

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Name(s) of any medication you would like the staff to be aware of:** \_\_\_\_\_

In case parent/guardian cannot be reached in an emergency, please contact:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Authorization to Pick Up the Child**

The following person(s) are authorized to pick up my child:

1. \_\_\_\_\_ (parent) **Phone:** \_\_\_\_\_

2. \_\_\_\_\_ (parent) **Phone:** \_\_\_\_\_

3. \_\_\_\_\_ **Phone:** \_\_\_\_\_

4. \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of parent/guardian (Please print)

\_\_\_\_\_  
Date



**CASA ESPERANZA MONTESSORI INCORPORATED  
Before and After School Enrollment Contract  
2011-2012 Academic Year**

Please complete a separate contract for each child.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program(s) desired:     \_\_\_ Before School Care (7:30am to 8:05am five days a week)  
                                   \_\_\_ After School Care (3:00pm to 6:00pm five days a week)  
                                   \_\_\_ Before and After School Care  
                                   **After School Care does not include early release days.**

**The undersigned agrees with the following terms and conditions and will pay the required fees and charges for enrollment as specified. Please read and initial each of the terms and conditions**

|       |   |
|-------|---|
| _____ | <p>I understand that the Academic Year charge for Full Time After School Care is \$2300; Before School Care is \$800; and Before and After School Care is \$3,100. (If Partial Week Care is requested, a modified payment schedule, including total amount due, will be provided.)</p> <p>A discount of up to \$50 is available if Before School tuition is prepaid or if Casa Esperanza Montessori Charter School does monthly bank drafts.<br/>         A discount of up to \$100 is available if After School tuition is prepaid or if Casa Esperanza Montessori Charter School does monthly bank drafts.<br/>         A discount of up to \$150 is available if Before and After School tuition is prepaid or if Casa Esperanza Montessori Charter School does monthly bank drafts.</p> |
| _____ | <p>I further understand that installment payments, as provided on the attached payment schedule, are due and payable on or before the 1<sup>st</sup> of the month. Accounts not paid in full by the 5<sup>th</sup> of the month will be assessed a \$25 late fee. I understand that if payment is not received by the 15<sup>th</sup> of the month my child may be denied attendance until payments are current or my child's spot may be offered to a family on the waiting list. . If any of my payments are returned by the bank, a \$25 returned check fee will be due immediately, in addition to the \$25 late fee.</p>   |
| _____ | <p>I understand that my child's place in the Program(s) I have selected is be reserved on behalf of my child only after Casa Esperanza Montessori Incorporated has notified me that my child has been accepted into the program. I further understand that a <b>non-refundable deposit</b> for each Program I have selected in the amount specified on the payment schedule on page two of this contract is required by the date specified in order to complete the enrollment of my child into the program</p>   |
| _____ | <p>I understand that if my child withdraws from the Program(s) during the academic school year, a 30 day written notice must be sent to: Director of Childcare Programs, Casa Esperanza Montessori, 2600 Sumner Blvd., Suite 130, Raleigh, NC 27616. In the event of any such withdrawal, <b>I understand that I will be obligated to pay to the end of the 30 day notice period even if my child is not in attendance.</b></p> <p>I understand that, by contracting for the entire year, I have been given a discount over single day rates. <b>Should I remove my child from the program before the completion of the school year, the total amount I owe will calculated as follows:</b></p>   |

|       |  |
|-------|--|
|       | Before School Care \$5 day; After School Care \$15/day. <b>These rates will be charged whether or not my child was absent from the program for any reason prior to the end of the 30 day notice period.</b>  |
| _____ | I understand that if a child must be excluded by administrative decision from childcare, no refund will be provided; however, no further financial obligation will exist.  |
| _____ | I understand that if my child is not picked up by 6:00pm there is a \$1 per minute late charge which is to be paid immediately to the adult waiting with my child. I further understand that repeatedly late when picking up my child can result in my child being dismissed from the program. |
| _____ | I understand that all payments must be current in order to register for Programs in the following school year.   |

By signing below, I agree to the terms and conditions of this Contract:

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

ACCEPTED BY: CASA ESPERANZA MONTESSORI INCORPORATED

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**2011-2012 Payment Schedule**

| Month               | Before School* | After School** |              |              |
|---------------------|----------------|----------------|--------------|--------------|
|                     |                | 5 day          | 4 day        | 3 day        |
| <b>July 1, 2011</b> | <b>\$130</b>   | <b>\$280</b>   | <b>\$240</b> | <b>\$200</b> |
| August 1, 2011      | \$80           | \$230          | \$190        | \$150        |
| September 1, 2011   | \$80           | \$230          | \$190        | \$150        |
| October 1, 2011     | \$80           | \$230          | \$190        | \$150        |
| November 1, 2011    | \$80           | \$230          | \$190        | \$150        |
| December 1, 2011    | \$80           | \$230          | \$190        | \$150        |
| January 1, 2012     | \$80           | \$230          | \$190        | \$150        |
| February 1, 2012    | \$80           | \$230          | \$190        | \$150        |
| March 1, 2012       | \$80           | \$230          | \$190        | \$150        |
| April 1, 2012       | \$80           | \$230          | \$190        | \$150        |

\*A \$5 per month discount will apply if Casa does a monthly bank draft

\*\*A \$10 per month discount will apply if Casa does a monthly bank draft

**Installment Payments are due even when the school is closed for part of the month for school intersessions, federal and/or state holidays, teacher work-days, and/or weather-related events.**



# Casa Esperanza Montessori

a dual-language charter school and preschool community

## Authorization Agreement for Tuition Debit 2011-2012

Child's Name: \_\_\_\_\_

I hereby authorize Casa Esperanza Montessori, Inc, to initiate debit entries to my  
 \_\_\_ Checking \_\_\_ Savings account indicated below and the financial institution named below to  
 credit the same to such account.

\_\_\_\_\_  
 Financial Institution

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Bank Transit /ABA Number Account number

**Please indicate (by initialing) the monthly installment amount(s) you are authorizing to have deducted monthly:**

| Before School Care         | After School Care   | Before and After School Care                                   |
|----------------------------|---|--|
| ___ \$75 monthly<br>5 days | ___ \$220    ___ \$180    ___ \$140<br>5 days        4 days        3 days | ___ \$295 / 5 days<br>___ \$255 / 4 days<br>___ \$215 / 3 days |

This authority is for monthly installment payments to be drafted **August 2011 – Apr 2012** on or about the first of each month. This authority is to remain in effect unless Casa Esperanza Montessori, Inc has received written notification from me of its termination in such time and in such manner as to afford Casa Esperanza Montessori, Inc a reasonable opportunity to act on it. Should the debit not go through due to Non Sufficient Funds in my account, a replacement payment in the form of a check or money order, must be received at the school within five days of notification of full monthly installment payment and an additional \$25 NSF fee.

X \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name(s) Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**