



Casa Esperanza Montessori Charter School **After School Enrichment Programs**

Welcome Parents!

We are excited to announce our new After School Enrichment Programs for the 2018-2019 school year! We will be offering activities to provide a variety of growth and learning opportunities for our students here at Casa! The programs are:

Art: Art Enrichment exposes students to the great masters and classical works of art with teacher led instructions and hands-on art projects. The program not only educates; it encourages artistic expression and sparks the inner creative abilities that lead to a lifelong love of art, and opens a world of possibilities in every profession.

Dance: The Dance class is design to help students develops rhythm, coordination and motor skills, while increasing confidence, flexibility and overall fitness. *Dance* allows students to express their uniqueness through movement, explore emerging talents and build self-esteem. Children discover the joy of *dance* in a playful and supportive atmosphere. We will cover a variety of different elements and styles of dance.

Sports/Fitness Focus: The Sports/Fitness Focus program offers a variety of sports recreations. The program will have a team aspect, specific rules for a game and a specific outcome. Kids benefit from sports, mentally and physically. Each session includes skills practice, physical fitness enhancement and small-sided games with an emphasis on teamwork and sportsmanship.

Theatre/Music: The Theatre program exposes the students to performing arts, a fun way to foster confidence and public speaking skills. It will also provide a means for self-expression, develop problem-solving skills, encourage empathy and compassion, and foster perseverance.

Study Hall/Homework Club: “Study Hall” is design to assist students with additional support for their curriculum studies. The focus is to target each individual students needs and provide strategies to better understand the material required.

Please note that if you are interested in ALL programs, please fill out the “Before/After School Contract” for bundle package deal! Feel free to contact Ms. Smith at dsmith@cemcs.org if any questions!



Casa Esperanza Montessori

a dual-language charter school and preschool community

Before & After School Childcare Application

2018-2019 Academic Year

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

Program	Annual Tuition	Installment amount (10 months August - May)
<input type="checkbox"/> <input type="checkbox"/> Before School (7:30am-8:05am)	\$800	\$80
After School (3pm-6pm)		
<input type="checkbox"/> <input type="checkbox"/> After School	\$2,700	\$270
<input type="checkbox"/> <input type="checkbox"/> Before/After School	\$3,500	\$350
<ul style="list-style-type: none"> ➤ A \$25 non-refundable registration fee is required, per family. ➤ <u>Sibling Discount Available</u> ➤ Early Release days are <u>INCLUDED</u> in the After School Fee 		

CHILD INFORMATION

Students Name: _____

Sibling 1: _____ Sibling 2: _____ Sibling 3: _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ Age: _____ Male Female Grade 2018-2019: _____

PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian: _____ Child resides with this adult: Yes No

Home Phone #: _____ Cell: _____

Home Address: _____ City: _____

Zip: _____ Work Phone: _____ Occupation: _____

E-Mail Address: _____

Secondary Parent/Guardian: _____ Child resides with this adult: Yes No

Home Phone #: _____ Cell: _____

Home Address: _____ City: _____

Zip: _____ Work Phone: _____ Occupation: _____

E-Mail Address: _____

Yes No (Please check box to indicate whether or not the Secondary needs to be included in all communication sent)



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After School Enrichment Sign-Up 2018-2019 Academic Year

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

Program	Quarter Tuition (8 weeks)	Annual Tuition	Installment amount (4 weeks/weekly)
Enrichment Activities	\$160	\$640	\$80 month <input type="checkbox"/> / \$20 week <input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	\$80 month <input type="checkbox"/> / \$20 week <input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	\$80 month <input type="checkbox"/> / \$20 week <input type="checkbox"/>
Theatre (Wednesday)	<input type="checkbox"/>	<input type="checkbox"/>	\$80 month <input type="checkbox"/> / \$20 week <input type="checkbox"/>
Sports/Fitness Focus	<input type="checkbox"/>	<input type="checkbox"/>	\$80 month <input type="checkbox"/> / \$20 week <input type="checkbox"/>
Study Hall	<input type="checkbox"/>	<input type="checkbox"/>	\$80 month <input type="checkbox"/> / \$20 week <input type="checkbox"/>
<ul style="list-style-type: none"> ➤ A \$25 non-refundable registration fee is required, per family. ➤ <u>Sibling Discount Available</u> 			

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Home Phone #: _____ Cell: _____

Home Address: _____ City: _____

Zip: _____ Work Phone: _____ Occupation: _____

E-Mail Address: _____



HEALTH INFORMATION

Students Name: _____

Allergies: Medicine (list): _____

Foods (describe): _____

Environmental (describe): _____

Insect Bites &/or Stings (list): _____ Other _____

Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.: _____

Note: If your child has allergies or health/medical problems that may require attention from our staff (i.e. use of Rx medication, Epi-pens, inhalers), you must communicate that information with the Director of Childcare and complete the "Parent Request for Medication at School" provided by the school. Staff will coordinate any needed action.

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: _____

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

Name: _____

Relationship: _____ Phone Number: _____

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.

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
2018-2019 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)
 ___ After School Care (3:00pm to 6:00pm)
 ___ Before and After School Care

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

_____	I understand that the Academic Year charge for Full Time After School Care is \$2700; Before School Care is \$800; and Before & After School Care is \$3,500.
_____	I further understand that installment payments, as provided on the attached payment schedule, are due and payable on or before the 1 st of the month. Accounts not paid in full by the 5 th of the month will be assessed a \$25 late fee. I understand that if payment is not received by the 15 th 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.
_____	I understand that my child's place in the Program(s) I have selected is to 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 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, 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. I understand that, by contracting for the entire year, I have been given a discount over single day rates. Should I remove my child from the program before the completion of the school year, the total amount I owe will be calculated as follows: Before School Care \$5 day; After School Care \$15/day. 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.
_____	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 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: _____

2018-2019 Payment Schedule

Month	Before School*	After School**
August 1, 2018	\$80	\$270
September 1, 2018	\$80	\$270
October 1, 2018	\$80	\$270
November 1, 2018	\$80	\$270
December 1, 2018	\$80	\$270
January 1, 2019	\$80	\$270
February 1, 2019	\$80	\$270
March 1, 2019	\$80	\$270
April 1, 2019	\$80	\$270
May 1, 2019	\$80	\$270

Before and AfterSchool Installment Payments are based on the 185 days of the academic calendar. Payments are due even when the school is closed for part of the month for Intersessions, Federal and/or State Holidays, Teacher Work-Days, and/or weather-related events.



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Authorization Agreement for Tuition Debit 2018-2019

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
___ \$80	___ \$270	___ \$350

This authority is for monthly installment payments to be drafted **August 2018 – May 2019** 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