Casa Esperanza Montessori

a dual-language charter school and preschool community

OFFICE ONLY

START DATE: _____

REG. FEE PAID ON: _____

Before & After School Childcare Application
2019-2020 Academic Year

Program	Annual Tuition	Installment amount (10 months August - May)
☐ **Before School** (7:30 am - 8:05 am)	$800	$80.00
☐ **AfterSchool** (3:00 pm – 6:00 pm)	$2,850 / 5 day $1,710 / 3 day (M-W-F) $1,140 / 2 day (T-TH)	$285.00 $171.00 $114.00
☐ **Before/After School 5 DAYS**	$3,650	$365

- A $25 non-refundable registration fee is required, per family.
- 10% Sibling Discount
- Early Release days are INCLUDED in the After School Fee.
- Teacher Work Days and Intersessions ARE NOT INCLUDED in the After School Fee.

CHILD INFORMATION # 1

Student Name: _____

Birthdate: _____ **Age**: _____ ☐Male ☐Female **Grade 2019-2020**: _____

Health Information

Allergies: _____

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: _____

CHILD INFORMATION # 2

Student Name: _____

Birthdate: _____ Age: _____ ☐Male ☐Female Grade 2019-2020: _____

Health Information

Allergies: _____

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.

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Family Doctor: _____ Phone: _____

Address: _____ City: _____

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

Name: _____

Relationship: _____ Phone Number: _____

CHILD INFORMATION # 3

Student Name: _____

Birthdate: _____ Age: _____ ☐Male ☐Female Grade 2019-2020: _____

Health Information

Allergies: _____

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

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Family Doctor: _____ Phone: _____

Address: _____ City: _____

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

Name: _____

Relationship: _____ Phone Number: _____

PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian: _____

Home Phone #: _____ Cell: _____

Home Address: _____ City: _____

Zip: _____Work Phone: _____Occupation:_____

E-Mail Address: _____

Secondary Parent/Guardian: _____

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)

EMERGENCY CONTACTS AND AUTHORIZED PERSON(S) TO PICK UP

Both parents listed on the first page will be allowed to pick up unless otherwise stated in this section. Please list any parental pick up restrictions: **(Casa must have a copy of any court ordered procedures relating to pick up.)**

Please list additional person's allowed to pick up your child. This list is in addition to the parents. All persons will be required to show proof of identification upon pick up. In the event of an emergency, the following people may also be contacted:

Name: _____ Relation to child _____Phone#_____

Name: _____ Relation to child _____Phone#_____

Name: _____ Relation to child _____Phone#_____

Name: _____ Relation to child _____Phone#_____

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

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Authorization Agreement for Tuition Debit 2019-2020
5 DAYS A WEEK

Family Name: _____ Start Date: _____

Child 1: _____ Child 2: _____ Child 3: _____

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

	Before School Care	After School	Before and After School
Child 1	☐ **$ 80.00**	☐ **$285.00**	☐ **$365.00**
Child 2	☐ **$72.00**	☐ **$256.50**	☐ **$328.50**
Child 3	☐ **$72.00**	☐ **$256.50**	☐ **$328.50**
Total	**$ _____**	**$ _____**	**$ _____**

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

This authority is for monthly installment payments to be drafted **August 2019 – May 2020** 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.

_____ _____ _____

Name Signature Date

PLEASE ATTACH A VOIDED CHECK

2600 Sumner Boulevard Suite 130 Raleigh, NC 27616
Tel: 919.855.9811 FAX: 919.855.9813 ◆ email: cemcs@cemcs.org www.cemcs.org

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Child 1: _____ Child 2: _____ Child 3: _____

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

	Before School Care 5 DAYS a week	After School 2 DAYS Tue / Thu	After School 3 DAYS Mon / Wed / Fri
Child 1	☐ **$ 80.00**	☐ **$ 114.00**	☐ **$ 171.00**
Child 2	☐ **$72.00**	☐ **$ 102.60**	☐ **$ 153.90**
Child 3	☐ **$72.00**	☐ **$ 102.60**	☐ **$ 153.90**
Total	**$ _____**	**$ _____**	**$ _____**

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

_____ _____

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_____ _____ _____

Name Signature Date

PLEASE ATTACH A VOIDED CHECK

2600 Sumner Boulevard Suite 130 Raleigh, NC 27616
Tel: 919.855.9811 FAX: 919.855.9813 ◆ email: cemcs@cemcs.org www.cemcs.org