

Program Annual Tuition	Installment amount	(10 months August - May)
<input type="checkbox"/> <b>Before School</b> (7:00 am – 7:45 am) *Drop off will be between 7:00 - 7:30 am After 7:30 am you will have to join the carpool line*	\$840	\$84.00
<input type="checkbox"/> <b>After School</b> (3:05 pm – 6:00 pm) *Afterschool Pick up will start once carpool ends around 4:00pm. If arriving earlier, you will have to join the carpool line*	\$3,000/ 5 day \$1,800 / 3 day (M-W-F) \$1,200/ 2 day (T-TH)	\$300.00 \$180.00 \$120.00
<input type="checkbox"/> <b>Before/After School 5 DAYS</b>	\$3,840	\$384.00
<input type="checkbox"/> A <b>\$25</b> non-refundable registration fee is due at registration, per family. <input type="checkbox"/> <u>10% Sibling Discount / 10% Military Discount</u> <input type="checkbox"/> Early Release days are <u>INCLUDED</u> in the After School Fee <b>EXCEPT</b> the following dates: <ul style="list-style-type: none"> <li>○ 12/15/2023</li> <li>○ 5/30/2024</li> <li>○ 2 additional Early Release Days TBD</li> </ul> <input type="checkbox"/> Teacher Work Days and Intersession camps <u>ARE NOT INCLUDED</u> in the After School Fee.		

### STUDENT INFORMATION # 1

<b>Student's Name</b>  <input type="checkbox"/> I don't give permission for my child to be photographed for CEMCS'S website/ social media	<b>Gender</b>  M      F	<b>DOB</b>	<b>Grade 2023-2024</b>
<b><u>Health Information</u></b> <b>Allergies or Food Restrictions</b>		Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:	

### STUDENT INFORMATION # 2

<b>Student's Name</b>  <input type="checkbox"/> I don't give permission for my child to be photographed for CEMCS'S website/ social media	<b>Gender</b>  M      F	<b>DOB</b>	<b>Grade 2023-2024</b>
<b><u>Health Information</u></b> <b>Allergies or Food Restrictions</b>		Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:	

**STUDENT INFORMATION # 3**

<b>Student's Name</b>	<b>Gender</b> M      F	<b>DOB</b>	<b>Grade 2023-2024</b>
<b><u>Health Information</u></b> <b>Allergies or Food Restrictions</b>		Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.:	
<b>NOTE:</b> 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 the above student/students become 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. I authorize CASA ESPERANZA MONTESSORI to obtain medical attention for my child in an emergency.* **PARENT/GUARDIAN SIGNATURE:**

<b>Physician:</b>	<b>Physician's Phone Number:</b>
	<b>Hospital Preference:</b>

**PARENT/ GUARDIAN INFORMATION**

<b>Primary Parent/ Guardian</b>	<b>Relationship to Student</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>Email Address: Home Address:</b>			
<b>Secondary Parent/ Guardian</b>	<b>Relationship to Student</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>Email Address:</b>	<b>Home Address:</b>		

☐ Yes ☐ No (Please check box to indicate whether the Secondary Contact 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: ( <b>Casa must have a copy of any court ordered procedures relating to pick up.</b> )		
Please list additional persons 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:		
<b>Name</b>	<b>Relationship to Student</b>	<b>Cell Phone</b>
<b>Name</b>	<b>Relationship to Student</b>	<b>Cell Phone</b>
<b>Name</b>	<b>Relationship to Student</b>	<b>Cell Phone</b>

# Casa Esperanza Montessori



## Authorization Agreement for Tuition Debit 2022-2023 5 DAYS A WEEK

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

	Before School Care	After School	Before and After School
Student's Name	<input type="radio"/> \$ 84.00	<input type="radio"/> \$300.00	<input type="radio"/> \$384.00
Student's Name	<input type="radio"/> \$75.60	<input type="radio"/> \$270.00	<input type="radio"/> \$345.60
Student's Name	<input type="radio"/> \$75.60	<input type="radio"/> \$270.00	<input type="radio"/> \$345.60
Total	\$	\$	\$

I hereby authorize Casa Esperanza Montessori, Inc. to initiate debit entries to my checking/saving account indicated below and the financial institution named below to credit the same to such account.

<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Financial Institution		
City	State	Zip code
Bank Transit /ABA Number	Account number	

This authority is for monthly installment payments to be drafted **August 2023 – May 2024** 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**



## Authorization Agreement for Tuition Debit 2022-2023 2 or 3 DAYS A WEEK

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

	Before School Care	After School 2 DAYS Tue / Thu	After School 3 DAYS Mon / Wed / Fri
Student's Name	<input type="radio"/> \$ 84.00	<input type="radio"/> \$120.00	<input type="radio"/> \$180.00
Student's Name	<input type="radio"/> \$75.60	<input type="radio"/> \$108.00	<input type="radio"/> \$162.00
Student's Name	<input type="radio"/> \$75.60	<input type="radio"/> \$108.00	<input type="radio"/> \$162.00
Total	\$	\$	\$

I hereby authorize Casa Esperanza Montessori, Inc. to initiate debit entries to my checking/saving account indicated below and the financial institution named below to credit the same to such account.

<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Financial Institution		
City	State	Zip code
Bank Transit /ABA Number	Account number	

This authority is for monthly installment payments to be drafted **August 2023 – May 2024** 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**



**CASA ESPERANZA MONTESSORI INCORPORATED**  
**Before and After School Enrollment Contract**  
**2023-2024 Academic Year**



Student's Name	Grade 2023-2024
Student's Name	Grade 2023-2024
Student's Name	Grade 2023-2024
Parents' Names:	Address:
Cell Phone	Email:

<b>Program(s) Desired</b>
<input type="checkbox"/> Before School Care (7:00am to 7:45am)
<input type="checkbox"/> After School Care (3:05pm to 6:00pm)
<input type="checkbox"/> 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 \$ 3,000, Before School Care is \$840; and Before and/or After School Care is \$3,840. <i>*If joining the program after the first day of school or later, the annual tuition is prorated based on the number of days remaining*</i>
_____	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 <b>\$25 late fee</b> . 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.
_____	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, 10510 Star Road Wake Forest, NC 27587. 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> 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 be calculated as follows:</b> Before School Care \$5 day; After School Care \$20/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 the BASC late pick up policy. I will be assessed a late pick-up fee of \$1.00 per minute/per child for each minute after 6pm. I understand if my child is picked up late excessively without a valid reason that my childcare services will be terminated.
_____	I understand that all payments must be current in order to register for Programs in the following school year.

I, the parent or guardian of the above-named child/children, 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.

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

<b>Parent/Guardian Name</b>	<b>Relationship to Child</b>
<b>Date</b>	<b>Signature</b>

ACCEPTED BY: CASA ESPERANZA MONTESSORI INCORPORATED

<b>Name:</b>	<b>Title:</b>
<b>Date</b>	<b>Signature</b>

Month	Before School Only	After School Only	Before & After School
August 1,2023			
September 1,2023			
October 1,2023			
November 1,2023			
December 1,2023			
January 1,2024			
February 1,2024			
March 1,2024			
April 1,2024			
May 1,2024			
<b>Before and After School Installment Payments are based on the 167 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.</b>			