

Before & After School Childcare Application 2022-2023 Academic Year

| Program | Annual Tuition | Installment amount (10 months August - May) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|
| <input type="checkbox"/> Before School (7:00 am – 8:00 am) | \$840 | \$84.00 |
| <input type="checkbox"/> After School (3:00 pm – 6:00 pm) | \$3,000/ 5 day | \$300.00 |
| | \$1,800 / 3 day (M-W-F) | \$180.00 |
| | \$1,200/ 2 day (T-TH) | \$120.00 |
| <input type="checkbox"/> Before/After School 5 DAYS | \$3,840 | \$384.00 |
| <input checked="" type="checkbox"/> A \$25 non-refundable registration fee is due at registration, per family. <input checked="" type="checkbox"/> <u>10% Sibling Discount / 10% Military Discount</u> <input checked="" type="checkbox"/> Early Release days are INCLUDED in the After School Fee EXCEPT for 12/21 & 03/17 <input checked="" type="checkbox"/> Teacher Work Days and Intersessions ARE NOT INCLUDED in the After School Fee. | | |

STUDENT INFORMATION # 1

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| Student's Name | Gender M F | DOB | Grade 2022-2023 |
| <u>Health Information</u> Allergies or Food Restrictions | 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. | | | |

STUDENT INFORMATION # 2

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| Student's Name | Gender M F | DOB | Grade 2022-2023 |
| <u>Health Information</u> Allergies or Food Restrictions | 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. | | | |

STUDENT INFORMATION # 3

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Student's Name | Gender M F | DOB | Grade 2022-2023 |
| Health Information Allergies or Food Restrictions | | Please list any health conditions that may require us to take action during the after-school program, i.e., asthma, diabetes, seizures, etc.: | |
| <p>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.</p> | | | |

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:

| | |
|-------------------|----------------------------------|
| Physician: | Physician's Phone Number: |
| | Hospital Preference: |

PARENT/ GUARDIAN INFORMATION

| | | | |
|-----------------------------------|--------------------------------|-------------------|-------------------|
| Primary Parent/ Guardian | Relationship to Student | Cell Phone | Work Phone |
| Email Address: | Home Address: | | |
| Secondary Parent/ Guardian | Relationship to Student | Cell Phone | Work Phone |
| Email Address: | Home Address: | | |

Yes No (Please check box to indicate whether 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 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:

| | | |
|-------------|--------------------------------|-------------------|
| Name | Relationship to Student | Cell Phone |
| Name | Relationship to Student | Cell Phone |
| Name | Relationship to Student | Cell Phone |

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="checkbox"/> \$ 84.00 | <input type="checkbox"/> \$120.00 | <input type="checkbox"/> \$180.00 |
| Student's Name | <input type="checkbox"/> \$75.60 | <input type="checkbox"/> \$108.00 | <input type="checkbox"/> \$162.00 |
| Student's Name | <input type="checkbox"/> \$75.60 | <input type="checkbox"/> \$108.00 | <input type="checkbox"/> \$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 2022 – May 2023** 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.

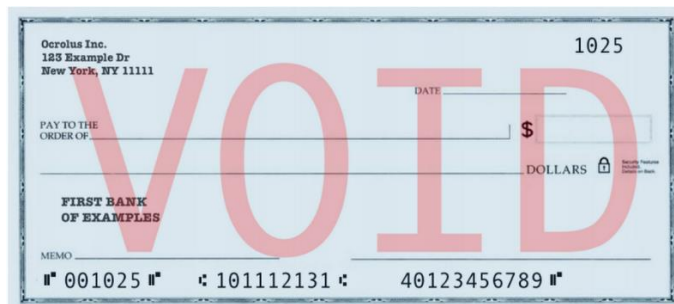
Should the debit not go through due to Non-Sufficient Funds in my account, a replacement payment in the form of a check or money order, must be received at the school within five days of notification of full monthly installment payment and an additional \$25 NSF fee.

Name

Signature

Date

PLEASE ATTACH A VOIDED CHECK



CASA ESPERANZA MONTESSORI INCORPORATED
Before and After School Enrollment Contract
2022-2023 Academic Year



| | |
|------------------------|------------------------|
| Student's Name | Grade 2022-2023 |
| Student's Name | Grade 2022-2023 |
| Student's Name | Grade 2022-2023 |
| Parents' Names: | Address: |
| Cell Phone | Email: |

| |
|----------------------------------------------------------------|
| Program(s) Desired |
| <input type="checkbox"/> Before School Care (7:00am to 8:00am) |
| <input type="checkbox"/> After School Care (3:00pm 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 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 calculated as follows: Before School Care \$5 day; After School Care \$20/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. |

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:

| | |
|-----------------------------|------------------------------|
| Parent/Guardian Name | Relationship to Child |
| Date | Signature |

ACCEPTED BY: CASA ESPERANZA MONTESSORI INCORPORATED

| | |
|--------------|------------------|
| Name: | Title: |
| Date | Signature |

2022-2023 PAYMENT SCHEDULE

| Month | Before School Only | After School Only | Before & After School |
|------------------|---------------------------|--------------------------|----------------------------------|
| August 1,2022 | | | |
| September 1,2022 | | | |
| October 1,2022 | | | |
| November 1,2022 | | | |
| December 1,2022 | | | |
| January 1,2023 | | | |
| February 1,2022 | | | |
| March 1,2022 | | | |
| April 1,2022 | | | |
| May 1,2022 | | | |

Before and After School Installment Payments are based on the 178 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.