

CHILD'S INFORMATION

Childs Name: _____
 Last First Middle
 Birth Date: _____ Age: _____ Gender: Male / Female
 Grade Level: _____ Classroom Instructor: _____

GUARDIAN INFORMATION

First Guardian: _____
 Last First
 Relationship: _____ Email Address: _____
 Mailing Address: _____
 Street Apt. City / State Zip Code
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Guardian: _____
 Last First
 Relationship: _____ Email Address: _____
 Mailing Address: _____
 Street Apt. City / State Zip Code
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION, ALLERGY AND MEDICAL NEEDS AND AUTHORIZED PERSONS FOR PICK UP

Primary Physician: _____ Phone _____
 Preferred Hospital: _____ Phone _____
 List medical conditions, allergies, medications: _____

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

- | | | | |
|----|-------|--------------|-------|
| 1) | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 2) | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 3) | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 4) | _____ | _____ | _____ |
| | Name | Relationship | Phone |

AGREEMENT TO TERMS

Please indicate with your initials your agreement, compliance or selection below:

- _____ **I have reviewed the fee structure as outlined on the back and agree to comply.**
- _____ I completed the Duranes Community Center Before and Afterschool Care Program Enrollment in case my account falls more than \$65 in arrears and understand my child will be sent there at no cost rather than allowing my account to fall further behind.
- _____ I have submitted my one time annual registration fee of \$20.
- _____ I would like to receive paperless billings at the email address(es) provided at no cost.
- _____ I would like to receive paper billings in my child's Friday folder at a one time Annual Cost of \$15 and have submitted along with my registration fee, for a total of \$35.

I agree to the above representations and understand that Montessori of the Rio Grande Charter School is not responsible for children until they are signed in by a person on the authorized list or after they are signed out by a person on the authorized list.

_____ Date _____
 Guardian Signature

MONTESSORI OF THE RIO GRANDE BEFORE AND AFTER SCHOOL PROGRAM INFORMATION 2011-2012

FEES FOR SERVICES

The Before and Aftercare Program is now under a Daily Billing System where each child will have a monthly attendance sheet.

Mornings are \$4 per Day

Afternoons are \$9 per day.

Your total monthly billing fee will be recorded at the bottom of the sheet to be copied and sent home in Friday folder or scanned and emailed to you

The only discount available is 5% if you pay for your child's care for the full year

As always we ask that you pre-pay on your accounts. In order to enable you to do so, we have provided the cost for the program by month for the full year below:

Month	# of School Days	AM (\$4)	PM (\$9)	AM & PM (\$13)
August	8	\$ 32.00	\$ 72.00	\$ 104.00
September	21	84.00	189.00	273.00
October	21	84.00	189.00	273.00
November	19	76.00	171.00	247.00
December	12	48.00	108.00	156.00
January	20	80.00	180.00	260.00
February	20	80.00	180.00	260.00
March	17	68.00	153.00	221.00
April	20	80.00	180.00	260.00
May & June	22	88.00	198.00	286.00
Total Cost	180	\$ 720.00	\$ 1,620.00	\$ 2,340.00
Total Cost with 5% Discount for Full Payment at Start of School Year		\$ 684.00	\$ 1,539.00	\$ 2,223.00

Accounts that end the month with a balance due to Montessori of the Rio Grande will be subject to a \$20 Late Payment Fee.

If your account falls more than \$65 in arrears child will be sent to the Duranes Community Center for care rather than allowing your account to fall further behind.

If your check for payment is rejected you will be charged a \$20 Non Sufficient Funds Check Fee

The parent of any child not picked up by 6pm will be charged a fee of \$1/minute per staff present. Please bear in mind that there are always a minimum of two staff present until the last child is gone.

REMINDERS

MRGC does not accept Credit Card Payments

Do not post date checks and submit to the business office with the expectation that MRGC will hold the check until that date. As a public entity we are required to make deposits within 24 hours of receipt.

On the memo portion of your check, please indicate the child's name and what it is you are intending to pay for. For Example, John Dough – 12 Days AM or Jane Dough – Registration and 20 Days AM & 20 Days PM. This will reduce the amount of time spent determining who the payment should be applied to and what it is you are signing up for.

Please be sure that your child's teacher, and especially your child, knows whether the child should go to the gate for pick up or straight to Aftercare at the end of the day. This is for your child's safety and peace of mind.

The Phone Number to the Aftercare Building is 243-4110