



Trafalgar Crossing

Dearcroft Montessori School

297 Oak Walk Drive | Oakville, ON | L6H 6Z3

Tel: 905-844-2114

Email: info@dearcroft-montessori.com

Web: www.dearcroft-montessori.com

EXTENDED CARE FORM

Before Care Time: 8:00 a.m. to 8:30 a.m.	After Care 3:30 p.m. to 6:00 p.m.	Before/After Care 8:00 a.m. to 8:30 a.m. 3:30 p.m. to 6:00 p.m.
Fee: \$125 per month	\$375 per month	\$450 per month

We realize that some parents may require less time in the program than others, however the fees have been standardized to meet the requirements of parents who will utilize these programs on a fairly consistent basis. Enrollment capacity will be limited in these programs and full time commitment is required. If the need arises for a student who is not registered in the after school program to require after school care (after 3:30 p.m.), a flat daily rate will be charged regardless of time spent in the program. A flat fee daily fee applies for before school drop in. Please contact the school for information on the emergency extended care fees.

It is important that emergency/alternative contacts be listed. In the event you may be delayed beyond 6:00 p.m., you must make arrangements for one of your emergency contacts to pick up your child. Late fee of \$15.00 applies up to 6:15 pm. and then \$1.00 additional per minute thereafter. Enrollment in our after school program will be cancelled if delays past 6:00 p.m. are repeated.

I/We have read the program outline of the Before/After School Program and fully understand the commitment to arrive before 6:00 p.m. each evening. The required payment for this extra programming is enclosed (monthly post-dated cheques, payable to Dearcroft Montessori School – separate from tuition fee cheques).

Child's Name

Parent's Name

Date

Parent's Signature

EXTENDED CARE STUDENT INFORMATION

Student: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Tel. No. _____

Birth Date: (day) _____ (month) _____ (year) _____ Male _____ Female _____

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Primary Tel: _____ Primary Tel: _____

Bus Address: _____ Bus Address: _____

Bus Tel: _____ Bus Tel: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Emergency/Alternate Contact Names and Tel Numbers: _____

Before School Only _____
(8:00 a.m. – 8:30 a.m.) \$125/month

After School Only _____
(3:30 p.m. – 6:00 p.m.) \$375/month

Before and After School _____
(8:00– 8:30 a.m. & 3:30– 6:00 p.m.) \$450/month

Occasional Care _____
(\$10.00 before/day & \$20.00 after/day)

Monthly fees are to be paid in advance by post-dated cheques dated the first of each month.
Cheques payable to Dearcroft Montessori School (separate from tuition fee cheques please).

Parent Signature

Parent Signature

Date: _____

Date: _____