

Webster



Montessori School

WRAP AROUND CARE ENROLLMENT FORM

Child's Name _____ Date _____

Child's Birth Date _____ Name of Child's Directress _____

Does your child need a nap? YES _____ NO _____ Child's Wrap-Around Start Date _____

Families are required to make a commitment to a specific fee schedule based on a consistent program of regular Wrap around care use. This form must be completed if your child is to participate in the Wrap around program. * You must return this form, along with your signature below stating you have read the Parent Guidelines to the office.

Please indicate your projected hours and days of Wrap around use.

Table with 5 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY. Rows include Drop off time, Pick up time, Daily school hrs., Daily Wrap around hrs. (minus school hrs.), and Total Wrap around hrs. per week.

Wrap around Care Fee Structure

Table with 2 columns: Hours per week, 2007-2008 rates per week. Rows include 1 to 6 hours, 6 to 15 hours, 15 to 25 hours, 25 to 35 hours, 35 to 45 hours, 45 to 55 hours, Hourly rate, and (Subject to change).

* I have read the Parent Guidelines and understand that if I need to withdraw my child from Wrap-around I will obtain a Disenrollment Form and give a one week's notice to the Head of School.

Name _____ Date _____

PLEASE COMPLETE A SEPARATE ENROLLMENT FORM FOR EACH CHILD. ALL CHANGES IN SCHEDULE AND FEES MUST BE NOTED ON A NEW FORM OR MAXIMUM RATE WILL BE CHARGED.