



Child's name: _____

- Before School Care Program** from 7:00 am – 8:30 am (monthly rate \$80.00)
- Before School Care Program** from 7:00 am – 8:30 am (monthly part-time rate \$55.00)
**Only available for students enrolled in the part-time Beginnings program.*
- After School Care** from 3:00 pm – 6:00 pm (monthly rate \$225.00)
- After School Care** from 3:00 pm – 6:00 pm (monthly part-time rate \$145.00)
**Only available for students enrolled in the part-time Beginnings program.*

- This application is only valid in conjunction with a Tuition Payment Agreement (TPA) for admission to the Montessori School of Westminster.
- Children will be admitted for a full academic year.
- The fee is calculated monthly (see chart). If the fee is not paid by the first of the month, a penalty of 10% rounded to the next whole dollar but not to exceed \$25, will be charged. If you withdraw during the year, the school requires either two weeks' notice in writing or two weeks' compensation. End-of-the-year records will not be released until all financial payments and obligations have been met.
- Late fees will apply as detailed in the parent handbook. Children must be picked up no later than 6:00 p.m. if staying for After School Care.
- Children for Before School Care may be dropped off no earlier than 7:00 a.m.
- Realize that you have reserved space in the Before School Care and/or After School Care for the school year. The rates have been computed as such, so there are no discounts for missed days due to any reason, including holiday closures.
- Enrollment in BSC and/or ASC does not include In-Service Days – 8:20 am – 3:00 pm.
- Unless otherwise stipulated, an electronic invoice will be emailed to you monthly.
- The administration reserves the right to remove a child from the program at any time.
- The Montessori School of Westminster reserves the right to change policy, tuition and fees upon the approval of the MSW Board of Trustees.
- I/We agree to release the Montessori School of Westminster from responsibility for accident or injury to our child while he or she is in the classroom, on a field trip, or while he or she is on the way to the classroom or trip, except as shall be covered by the Insurance covering the school.
- I/We agree that any photos taken in school or on a field trip may be used for publicity by MSW.
- I/We will furnish upon request appropriate health history, immunization data, and medical examination findings.

I/We have read and understand the above terms and conditions and accept them.

Signature of parent or guardian

Date

Signature of parent or guardian

Date