



Redeemer Montessori School

BEFORE AND AFTER SCHOOL CARE 2022-2023

RMS offers before school care from 7:30 to 8:30 a.m. and after school care from 3:00 to 6:00 p.m.

The table below represents the rates for daily time intervals ranging from 1 to 3.5 hours per day.

- A Drop-In option is available for emergency situations and will be charged at the rate of \$8.00 per hour with a minimum charge of \$4.00.
- Siblings will be billed at half price.

Time per day	Hourly Rate (overages to be billed at this rate)	1/5 Semester Payments (due with tuition)	Semester Rate (5 Months Total)
1.0 hr	\$3.96	\$71.20	\$356.00
1.5 hr	\$3.60	\$97.20	\$486.00
2.0 hr	\$3.12	\$112.40	\$562.00
2.5 hr	\$2.82	\$127.00	\$635.00
3.0 hr	\$2.58	\$139.40	\$697.00
3.5 hr	\$2.46	\$155.00	\$775.00

Please complete the form below with your BASC requirements and return it to the office.

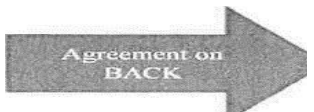
Child's name: _____

Parent's name: _____

I will require _____ PRE-PAID hours of BASC for my child.
Mornings (M,T,W,Th,F) please circle Afternoons (M,T,W,Th,F) please circle

I will require **DROP-IN** BASC per the following schedule:
Mornings (M,T,W,Th,F) for Approximate Amount of Time: _____
Afternoons (M,T,W,Th,F) for Approximate Amount of Time: _____

Signed: _____ Date: _____





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CHILD'S NAME

*It is imperative that parents read and understand all aspects of the RMS-BASC agreement, which is a legal and binding document. **Please INITIAL** after reading each point.*

_____ The monthly BASC payment is due at the first of every month along with the monthly tuition payment.

_____ By enrolling in a pre-paid plan, I am securing care for the estimated number of hours whether I use all of the pre-paid hours each month.

_____ Actual calculated time spent in BASC is used to assess enrollment in the appropriate pre-paid program as well as bill accounts when time used exceeds pre-payment (Late pick ups), but is not used to provide credits for unused minutes.

_____ All adjustments to BASC plans must be submitted to the office in writing and may only be made at the time of the tuition payment. Adjustments will be subject to a prorated amount and a \$10 administration fee. (Please note, there is a 30-day notice required before any cancelations)

_____ A late fee of **\$2.00 per minute** will be charged for every minute my child remains in care after 6:00 pm.

Parent signature:

Date:
