

Redeemer Montessori School

BEFORE AND AFTER SCHOOL CARE 2023-2024

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

The table below represents the rates for the two allowable after school programs.

- There is NO DROP IN Care for the Month of August. Students not registered for before and after school MUST be picked up on time from school dismissal. Late fees will be billed for all students remaining after the allowable dismissal time.
- Siblings will receive a 50% sibling discount.

| After Care Time | 1/5 Semester Payments (due with tuition) | Semester Rate (5 Months Total) |
|------------------|--|-----------------------------------|
| 3.00-4.30 pm | \$150 | \$750 |
| 3.00-6.00 pm | \$275 | \$1375 |
| Before Care Time | 1/5 Semester Payments (due with tuition) | Semester Rate(5 Months Total) |
| 7.30-8.20 am | \$40 | \$200 |

Students registered for the first after care plan can be picked up at any time between 3-4.30, but cannot attend past 4.30 pm. Likewise, students enrolled in the second after care plan can be picked up anytime between 3-6.00 pm, but cannot attend past 6.00pm. Late charges will be billed for any student in late attendance.

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



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| CHILD'S NAME | |
|--|---|
| It is imperative that parents read and understar legal and binding document. Please INITIAL afte | nd all aspects of the RMS-BASC agreement, which is a er reading each point. |
| The monthly BASC payment is due at tuition payment. | the first of every month along with the monthly |
| By enrolling in a BASC plan, I am secur use all of the pre-paid hours each month. | ring care for the estimated number of hours whether |
| made at the time of the tuition payment. Adjus | e submitted to the office in <u>writing</u> and may only be tments will be subject to a prorated amount and a 30-day notice required before any cancelations) |
| A late fee of \$2.00 per minute will be after the time my student is registered. | charged for every minute my child remains in care |
| Parent signature: | Date: |
| | |