



**DISCOVERY MONTESSORI SCHOOL
PRE-CARE APPLICATION AND FEE SCHEDULE (2010-2011)**

Child's Name: _____

Home Phone: _____ Teacher: _____

Program Enrolled: **Pre-Primary** _____ **Elementary** _____

FEES - Monthly Rate

Pre-Care Primary & Elementary **5 Days (Monday – Friday)**

7:45 am – 8:30 a.m. \$90 ____

I hereby contract for the Pre-Care indicated above for the 2010-2011 school year. I agree to pay the contracted amount regardless of my child's attendance at school, realizing that the school must budget for staff depending on enrollment in this program. I understand that this program is described in more detail in the Parent-Student Handbook.

Monthly fees are based on the number of school days scheduled on the calendar, and will not be affected by absences due to illness or vacations. **To cancel or change this contract, notice must be given in writing to the office one week prior to the change.** Invoices will be mailed monthly for nine months from October 1st to June 1st. I agree to pay the amount billed.

Parent's Signature

Date