



COUNTRYSIDE MONTESSORI CHARTER SCHOOL

5852 EHREN CUT-OFF · LAND O' LAKES, FL 34639

(813) 996-0991 · (813) 996-0993 FAX

WWW.CMCSMONTESSORI.COM

**DISMISSAL INFORMATION &
BEFORE AND AFTER CARE REGISTRATION FORM**

Dismissal Information:

My child, _____, will be dismissed to:

- After Care (fill out below)
- Car Line as a car rider
- Car Line as an after school bus rider

If your child will be riding an after school bus, what is the name of the facility that will be picking up your child? _____

Please circle the days of the week that your child will be picked up by the bus:

Monday Tuesday Wednesday Thursday Friday

If your child is not riding the bus on a day you have indicated, it is your responsibility to inform both the facility and the school. On noon dismissal days, it is your responsibility to inform the facility of the change in time.

Before and After Care Information:

SCHEDULE OF FEES:

Annual Registration Fee:	\$100.00 per student
Before Care Weekly Rate:	\$35.00 per student
After Care Weekly Rate:	\$85.00 per student
Before Care and After Care Weekly Rate:	\$120.00 per student
Daily Rate Before Care:	\$7.00 per student
Daily Rate for After Care:	\$20.00 per student
Late Pick Up:	\$1.00 per minute after 6:00 p.m.

STUDENTS NOT REGISTERED IN THE PROGRAM WILL NOT BE PERMITTED TO ATTEND.

STUDENT NAME: _____ GRADE _____

I would like to register my child for:

- _____ Before Care
- _____ After Care
- _____ Before Care & After Care

I would like my child(ren) to participate in the Before and After School Program that is offered at Countryside Montessori Charter School throughout the school year. The hours of the program are 7:00 a.m. to 8:10 a.m. (Before Care) and/or 3:30 p.m. to 6:00 p.m. (After Care). These fees are due on the 1st of each month and a \$20.00 late fee will be assessed on the 10th of each month. Students with an outstanding balance for more than 30 days will not be permitted to use the program until the balance is paid in full; your child would need to be picked up by 3:30 p.m.

By typing my name below, I agree to the above terms and confirm my acceptance of those terms.

Parent Name (please print) (Date)

Parent Name (please print) (Date)

*Fees are subject to change upon notification