



Khalsa Montessori Elementary

Extended Care Program Registration Form

Please complete the following information and attach a **\$50.00** non-refundable registration fee per family, payable to **KMES**:

Child's Name: _____

Date of Birth: _____ Class: _____

PARENT INFORMATION

Mother/Guardian: _____

Father/Guardian: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Primary Phone: _____

Primary Phone: _____

Work Phone: _____

Work Phone: _____

Preferred Email: _____

Preferred Email: _____

* If dual households, student lives with: _____

Choose all that apply:

Student's Level: Lower Elementary Upper Elementary

After Care:

- Part Time Extended Care (7:30 am – 4:30 pm) **\$170/month**
- Full Time Extended Care (7:30 am – 6:00 pm) **\$200/month**

Vacation Care:

- Tier 1:** 11:30 Release In-service & Parent Teacher Conferences: **\$25.00/ month**
(5 Half-Days: 8/13, 8/14, 11/9, 4/12, 5/17)
- Tier 2:** All In-service & Parent Teacher Conference Dates: **\$55.00/ month**
(5 Half-Days: 8/13, 8/14, 11/9, 4/12, 5/17 and 7 Full-Days: 9/14, 10/8, 11/16, 1/7, 2/1, 3/11, 5/10)
- Tier 3:** Full Vacation Care: **\$90.00/ month**
(All dates within Tier 1 and Tier 2, plus Vacation weeks: 12/31, 1/2, 1/3, 1/4 and 3/18-3/22)
- Not Needed**

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Accounts will be created based on this form's information, and managed by SMART Tuition.

An email will be sent to families to complete password set-up once Khalsa Elementary (KMES) administration has created the accounts.

FOR INTERNAL USE ONLY	
Date Paid	_____
Amount Due	_____
Amount Paid	_____
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check No. _____	
<input type="checkbox"/> Money Order	
<input type="checkbox"/> Payment Plan	
Date Received	_____