

Olympia Waldorf School 2018-19 Grades Extended Care Registration

OWS Financial Contract Addendum

Name of student(s) _____ Grade(s) _____

Option 1: Bulk Rate Custom Plan

Build your custom bulk plan by checking all of the care options your child will need and totaling the cost. Bulk registrations may be changed mid-year with two weeks written notice.

Morning Care 7:30 a.m. – start of school daily, \$935/year \$ _____

After School Care 2:30-5:30 p.m. daily, \$2815/year \$ _____

Grades 5-8 Study Hall, 2:30-3:45 p.m. daily, \$940/year \$ _____

Total Bulk Rate Charges \$ _____

Please pro-rate for mid-year enrollment or withdrawal effective: ____/____/____

Total of Bulk Rate fees will be billed with your tuition payments, July 2018 (or as enrolled) to May 2019.

Bulk Rate care participants: please sign to acknowledge that you understand there will be no discounts or credits for any unused Bulk Rate care. Bulk Rate charges will be pro-rated for mid-year changes with two weeks written notice.

Parent/Guardian Signature _____ Date _____

Option 2: Hourly and Daily Care Rates

After Care \$9.00/hour, Meeting Care \$18/meeting, Daily Break Care \$55/day

This plan allows for flexibility in scheduling care on a day-by-day, hourly basis. Hourly care may be used in addition to any custom bulk registration. ***This registration form is not required for hourly and daily care.***

However, reservations must be made in the office through the daily or weekly sign-up sheets.

Hourly Care is billed per use on monthly statements, October 2018 to July 2019, and is subject to availability due to required student-teacher ratios.

Write in the times for all that apply:	Morning Care \$9.00/hour	After School Care \$9.00/hour	Note: Regular weekly reservations must stay consistent every week. For occasional care, please sign up on the daily registration sheet in the Main Office each time.
Every Monday			
Every Tuesday			
Every Wednesday			
Every Thursday			
Every Friday			

Parent/Guardian Signature _____ Date _____

Please refer to the Olympia Waldorf School Calendar for specific dates of available care.

<p>FOR OFFICE USE</p> <p>Date Received _____</p> <p>Start Date _____</p> <p>Received By _____</p>	<p>ROUTING</p> <p><input type="checkbox"/> Original to Business Manager</p> <p><input type="checkbox"/> Copy to Ext Care Coor → Sign In Sheets</p> <p><input type="checkbox"/> Copy to Admin Assistant → Ext Care Registration Book</p>
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Olympia Waldorf School
2018-19 Early Childhood Extended Care Registration

OWS Financial Contract Addendum

Name of student(s) _____ Grade(s) _____

Bulk Rate Plans

Build your custom bulk plan by checking all of the care options your child will need and totaling the cost. Bulk registrations may be changed mid-year with two weeks written notice.

- Morning Care 7:30 a.m. – start of school daily, \$935/year \$ _____
- Hearthcare Option 1: end of school - 2:30 p.m. only (time after 2:30 will be billed at hourly rate)
 - Five-day, \$1855/year; or \$ _____
 - Three-day, \$1115/year \$ _____
 - Two-day, \$745/year \$ _____
- Hearthcare Option 2: end of school - 5:30 p.m.
 - Five-day, \$4195/year; or \$ _____
 - Three-day, \$2540/year \$ _____
 - Two-day, \$1680/year \$ _____

Total Bulk Rate Charges \$ _____

Please pro-rate for mid-year enrollment or withdrawal effective: ____ / ____ / ____

Total of Bulk Rate fees will be billed with your tuition payments, July 2018 (or as enrolled) to May 2019.

Bulk Rate care participants: please sign to acknowledge that you understand there will be no discounts or credits for any unused Bulk Rate care. Bulk Rate charges will be pro-rated for mid-year changes with two weeks written notice.

Parent/Guardian Signature _____ **Date** _____

Hourly and Daily Care Rates

Hourly rate \$9.00/hour - applies to those in Hearthcare option 1 that stay beyond 2:30, also break care and gap care if hourly rate is less than the daily rate.

Meeting Care \$18/meeting

Daily Break Care \$55/day

Daily Gap Care \$55/day

Please refer to the Olympia Waldorf School Calendar for specific dates of available care.

FOR OFFICE USE

Date Received _____
Start Date _____
Received By _____

ROUTING

- Original to Business Manager
- Copy to Ext Care Coor → Sign In Sheets
- Copy to Admin Assistant → Ext Care Registration Book