

Olympia Waldorf School
2020-21 Grades Extended Care Registration

OWS Financial Contract Addendum

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

Morning Care: Bulk Rate Custom Plan

Build your custom bulk plan by checking all the care options your child(ren) will need and totaling the cost.

- Morning Care 7:30 a.m. – start of school daily, \$495/year \$ _____
- Morning Care 7:30 a.m. – start of school 4-day/week, \$440/year \$ _____
- Morning Care 7:30 a.m. – start of school 3-day/week, \$350/year \$ _____
- Morning Care 7:30 a.m. – start of school 2-day/week, \$280/year \$ _____
- Morning Care 7:30 a.m. – start of school 1-day/week, \$150/year \$ _____

Required: If you are registering for less than 5 days per week, check which days you are choosing:

- Mondays Tuesdays Wednesdays Thursdays Fridays

After Care: Bulk Rate Custom Plan

Build your custom bulk plan by checking all the care options your child(ren) will need and totaling the cost.

- After School Care, until 5:30 p.m. daily, \$2895/year \$ _____
- After School Care, until 5:30 p.m. 4-day/week, \$2695/year \$ _____
- After School Care, until 5:30 p.m. 3-day/week, \$2295/year \$ _____
- After School Care, until 5:30 p.m. 2-day/week, \$1735/year \$ _____
- After School Care, until 5:30 p.m. 1-day/week, \$995/year \$ _____

Required: If you are registering for less than 5 days per week, check which days you are choosing:

- Mondays Tuesdays Wednesdays Thursdays Fridays

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, August 2019 (or as enrolled) to May 2020. 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 30-days written notice. In the event of campus closure, bulk extended care charges will be prorated for grades students for full weeks closed.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE

Date Received _____
Start Date _____
Received By _____

ROUTING

- Original to Bookkeeper
- Copy to Ext Care Coord → Sign In Sheets
- Copy to Admin Assistant → Ext Care Registration Book

Olympia Waldorf School
2020-21 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.

- Morning Care 7:30 a.m. – start of school daily, \$955/year \$ _____
- Morning Care 7:30 a.m. – start of school 4-day/week, \$895/year \$ _____
- Morning Care 7:30 a.m. – start of school 3-day/week, \$765/year \$ _____
- Morning Care 7:30 a.m. – start of school 2-day/week, \$575/year \$ _____
- Morning Care 7:30 a.m. – start of school 1-day/week, \$325/year \$ _____

Required: If you are registering for less than 5 days per week, check which days you are choosing:

- Mondays Tuesdays Wednesdays Thursdays Fridays

Hearthcare Option 1: end of school - 3:00 p.m. only (must be picked up by 3:00 or \$25 late charge will be incurred)

- 5-day/week, \$1950/year \$ _____
- 4-day/week, \$1825/year \$ _____
- 3-day/week, \$1560/year \$ _____
- 2-day/week, \$1175/year \$ _____
- 1-day/week, \$650/year \$ _____

Hearthcare Option 2: end of school - 5:00 p.m.

- 5-day/week, \$3950/year \$ _____
- 4-day/week, \$3650/year \$ _____
- 3-day/week, \$3150/year \$ _____
- 2-day/week, \$2350/year \$ _____
- 1-day/week, \$1295/year \$ _____

Required: If you are registering for less than 5 days per week, check which days you are choosing:

- Mondays Tuesdays Wednesdays Thursdays Fridays

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, August 2019 (or as enrolled) to May 2020.

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 30-days written notice.

Parent/Guardian Signature _____ **Date** _____

FOR OFFICE USE

Date Received _____
 Start Date _____
 Received By _____

ROUTING

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