



MONTESSORI ACADEMY OF CHAMBERSBURG

I, _____, parent/guardian of _____ hereby enroll my child in the ExCEL, program for the school year commencing August 2020 at Montessori Academy of Chambersburg, 875 Ragged Edge Rd, Chambersburg, PA 17202. **In addition to this contract, a PA state childcare agreement, child health assessment, and PA state emergency contact form must be on file for your child to attend the ExCEL program.**

Contracted hours will be billed monthly at \$6.00 per hour for the **full duration of time chosen**. Parents arriving after their contracted pick-up time may be charged a late fee equivalent to an additional half hour.

Children must be picked up by approved persons no later than 5:30pm. In the event a child is picked up after 5:30pm a \$10 late fee will be assessed for each 15- minute increment. Please choose from the following programs and indicate the days your child will attend.

Morning Program

Program A	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:30					

Program B	Monday	Tuesday	Wednesday	Thursday	Friday
7:30-8:30					

Afternoon Program

Program C	Monday	Tuesday	Wednesday	Thursday	Friday
3:00-4:00					

Program D	Monday	Tuesday	Wednesday	Thursday	Friday
3:00-5:00					

Program E	Monday	Tuesday	Wednesday	Thursday	Friday
3:00-5:30					

When students enter Montessori Academy, it is understood that both they and their parents agree to support all rules of the institution as outlined in the Community Handbook. parent/guardian signature on this contract indicates acceptance of full responsibility of program fee for their child at Montessori Academy of Chambersburg.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

Address: _____