

Olympia Waldorf School
2023-24 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, \$64/month \$ _____
- Morning Care 7:30 a.m. – start of school 4-day/week, \$51/month \$ _____
- Morning Care 7:30 a.m. – start of school 3-day/week, \$39/month \$ _____
- Morning Care 7:30 a.m. – start of school 2-day/week, \$26/month \$ _____
- Morning Care 7:30 a.m. – start of school 1-day/week, \$13/month \$ _____

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, \$340/month \$ _____
- After School Care, until 5:30 p.m. 4-day/week, \$272/month \$ _____
- After School Care, until 5:30 p.m. 3-day/week, \$204/month \$ _____
- After School Care, until 5:30 p.m. 2-day/week, \$136/month \$ _____
- After School Care, until 5:30 p.m. 1-day/week, \$68/month \$ _____

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

- Mondays Tuesdays Wednesdays Thursdays Fridays

Total Monthly Bulk Rate Charges \$ _____

Drop-in Fees: \$9/Morning Care, \$25/After School Care

Total of Monthly Bulk Rate fees will be billed with your tuition payments. Must provide 30-days written notice to cancel Bulk Rate billing. Please sign to acknowledge that you understand there will be no discounts or credits for any unused Bulk Rate care. Bulk Rate fees do not include Break Care. 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
2023-24 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, \$128/month \$ _____
- Morning Care 7:30 a.m. – start of school 4-day/week, \$103/month \$ _____
- Morning Care 7:30 a.m. – start of school 3-day/week, \$77/month \$ _____
- Morning Care 7:30 a.m. – start of school 2-day/week, \$51/month \$ _____
- Morning Care 7:30 a.m. – start of school 1-day/week, \$26/month \$ _____

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, \$257/month \$ _____
- 4-day/week, \$206/month \$ _____
- 3-day/week, \$154/month \$ _____
- 2-day/week, \$103/month \$ _____
- 1-day/week, \$51/month \$ _____

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

- 5-day/week, \$642/month \$ _____
- 4-day/week, \$514/month \$ _____
- 3-day/week, \$385/month \$ _____
- 2-day/week, \$257/month \$ _____
- 1-day/week, \$128/month \$ _____

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

- Mondays Tuesdays Wednesdays Thursdays Fridays

Total Monthly Bulk Rate Charges \$ _____

Total of Monthly Bulk Rate fees will be billed with your tuition payments. Must provide 30-days written notice to cancel Bulk Rate billing. Please sign to acknowledge that you understand there will be no discounts or credits for any unused Bulk Rate care. Bulk Rate fees do not include Break Care.

Parent/Guardian Signature _____ **Date** _____

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| <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 Bookkeeper</p> <p><input type="checkbox"/> Copy to Ext Care Coord → Sign In Sheets</p> <p><input type="checkbox"/> Copy to Admin Assistant → Ext Care Registration Book</p> |
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