



Swannanoa Valley
Montessori School

Before/After Care Application Form

Child's Full Name: _____

Name commonly used: _____

Birth Date: _____ Age: _____ (circle one) Male Female

Parent/Guardian: _____

Address, home: _____

Address, business: _____

Phone, home: _____ Business: _____

Cell: _____ email: _____

Parent/Guardian: _____

Address, home: _____

Address, business: _____

Phone, home: _____ Business: _____

Cell: _____ email: _____

Please check services needed, and circle the days.

	Before Care (8:00 – 8:40 am)	M	T	W	Th	F
	After Care (2:40 – 5:00 pm)	M	T	W	Th	F

	<i>Before Care</i>	<i>After Care</i>
<i>5 days/week</i>	\$70/month	\$140/month
<i>4 days/week</i>	\$60/month	\$125/month
<i>3 days/week</i>	\$50/month	\$110/month
<i>2 days/week</i>	\$40/month	\$90/month
<i>1 days/week</i>	\$30/month	\$60/month

Date: _____ Parent/Guardian: _____