



First Friends Montessori
PO BOX 399, Fairfax CA 94978

415.459.7028

First Friends Montessori Summer Extended Care Program

Please enroll my child _____ in the program(s) indicated below

| Morning Extended Care (per session) 8am-9am | Afternoon Extended Care (per session) 3pm-4pm | Afternoon Extended Care (per session) 3pm-5pm | TOTAL EXTENDED CARE COST |
|---|---|---|---------------------------------|
| <input type="checkbox"/> 5 days, \$85 | <input type="checkbox"/> 5 days, \$85 | <input type="checkbox"/> 5 days, \$155 | \$ _____ |
| <input type="checkbox"/> 4 days, \$70 | <input type="checkbox"/> 4 days, \$70 | <input type="checkbox"/> 4 days, \$115 | Circle Days: M, Tu, W, Th, F |
| <input type="checkbox"/> 3 days, \$55 | <input type="checkbox"/> 3 days, \$55 | <input type="checkbox"/> 3 days, \$ 95 | |
| Daily Rate | Daily Rate | Daily Rate | \$ _____ |
| <input type="checkbox"/> \$12 an hour | <input type="checkbox"/> \$12 an hour | <input type="checkbox"/> \$12 an hour | Circle Days: M, Tu, W, Th, F |

| Morning Extended Care (one week) 8am-9am | Afternoon Extended Care (one week) 3pm-4pm | Afternoon Extended Care (one week) 3pm-5pm | TOTAL EXTENDED CARE COST |
|--|--|--|---------------------------------|
| <input type="checkbox"/> 5 days, \$45 | <input type="checkbox"/> 5 days, \$45 | <input type="checkbox"/> 5 days, \$80 | \$ _____ |
| <input type="checkbox"/> 4 days, \$35 | <input type="checkbox"/> 4 days, \$35 | <input type="checkbox"/> 4 days, \$60 | Circle Days: M, Tu, W, Th, F |
| <input type="checkbox"/> 3 days, \$28 | <input type="checkbox"/> 3 days, \$28 | <input type="checkbox"/> 3 days, \$50 | |
| Daily Rate | Daily Rate | Daily Rate | \$ _____ |
| <input type="checkbox"/> \$12 an hour | <input type="checkbox"/> \$12 an hour | <input type="checkbox"/> \$12 an hour | Circle Days: M, Tu, W, Th, F |

Parent's Signature _____

Date _____

Parent's Name _____

Home Phone _____

Address _____

Business Phone _____

Email Address: _____

Please indicate in your application if your child attends less than four weeks of extended care. Extended care fees will be adjusted.

Please return this form, with payment, to: First Friends Montessori PO BOX 399 Fairfax, CA 94978. Checks should be made out to "First Friends Montessori. A 24-hour cancellation policy is required to obtain a refund.-- Thank you!