

Waldorf School of Princeton

2011-2012 Grade School

MONTHLY AFTER SCHOOL PROGRAM CONTRACT

Please enroll _____ in the After School Program.
name of child grade/class

Grade School:

Circle days desired

_____	1 days/week	End of school until 6 p.m.	\$150/month	Mon	Tue	Wed	Thu	Fri
_____	2 days/week	End of school until 6 p.m.	\$270/month	Mon	Tue	Wed	Thu	Fri
_____	3 days/week	End of school until 6 p.m.	\$390/month	Mon	Tue	Wed	Thu	Fri
_____	4 days/week	End of school until 6 p.m.	\$460/month	Mon	Tue	Wed	Thu	Fri
_____	5 days/week	End of school until 6 p.m.	\$490/month	Mon	Tue	Wed	Thu	Fri

Months: For whole school year _____ check here **OR** (circle months below)

September 2011	December 2011	March 2012	June 2012*
October 2011	January 2012	April 2012	*will be prorated
November 2011	February 2012	May 2012	35% of month

Fees for the After School Program will be billed monthly.

I understand the contract rates apply to the selected days only, and that missed contract days may not be made up on other non-contracted days of the week. I may cancel any month's contract by giving WSP **10 days' written notice** (i.e., before the 20th of the month prior); otherwise, WSP will automatically bill me for the months I have chosen. I understand payment is due 10 days after invoice date.

I agree to pay the above After School Program charges for the months chosen. Date _____

Parent Name: _____ Parent Name: _____
 Address: _____ Address: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____
 Signature: _____ Signature: _____