



Free Horizon Montessori

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FreeHorizonMontessori.org

2016-17 Before and/or After Care Drop-In Request Form

Date(s) Requested: _____

Student's Name: _____ DriveLine #: _____

Teacher's Name: _____ Child's Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____

Parent/Guardian's Phone (during BAC hours): _____

Option requested:		
Before care: \$16.00 per day	x # days	= \$
Aftercare: \$33.00 per day	x # days	= \$
Total Amount Due	x # days	= \$

Payments are due prior to or on the day of the arranged drop-in date, by drop-off for Before Care or pick-up from After Care. Payment may be made by check (preferred), credit card (during regular office hours only) or through Jeffco Connect.

While we understand that last-minute, emergency situations may arise, please make every effort to submit this form at least 48 hours in advance of the date(s) requested. Submission of this form does not guarantee a placement in Before or After Care. Placement is contingent on space available. **You will receive an e-mail confirmation if your request is accepted.**

Submit this form to Jennifer Levy, Program Coordinator at JeMLEvy@jeffcoschools.us or in person to the FHM Office during regular office hours.

Payment receipt will be posted to your Jeffco Connect account. Thank you!

For your records:

Your child attended FHM Before or After Care on _____ date(s) and payment by check/credit/JCC was submitted in the amount of \$ _____.