

MAY SANDS MONTESSORI SCHOOL

1400 United Street, #110 Key West, Florida 33040 Phone: 305-293-1400 ext. 53418

SY 2022-2023 After School Program Initial Registration Form

Student Name		Date of Birth
Male/Female Gra	ade	
Does your child have any physical di	isabilities, limitations, or allergi	ies?
Please describe		
Does your child require any medicine	es? Please explain	
Child's Physician		Phone
Parent(s)/Guardian(s		
Street/City/Zip		Home Phone:
Email	Cell Phone:	Work Phone:
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feel appropriate for my child named of an emergency. In consideration of my minor child, and myself have a	above. I also give permission of the right to participate in th and do hereby assume all ris	er School Program to provide any medical assistance they of for any emergency personnel to treat my child in the event the May Sands Montessori School After School program. I for sks and will indemnify and hold harmless the May Sands oyees, board members, officers, volunteers, and members
Program for short excursions in the n	neighborhood to include Bay and all pictures taken that ir	h the staff of the May Sands Montessori School After School rview Park and Dairy Queen. I give permission to the May nclude my child to be used for publications including web ne May Sands Montessori School.
Parent/Guar	dian	

- Payment is due at the time of registration.
- To help us provide the highest quality program, families are strongly encouraged to pre-register.
- The cost for our After School Program is \$15 per day for students
- A sibling discount is offered at a rate of \$5 per additional sibling.
- Aftercare ends at 5:30. Students picked up after 5:30 will incur a charge of \$1/minute to be paid directly to the Extended Care Director at the time of pick up.
- Participation in the After School Program will be denied to students with outstanding balances.