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## North Little Rock Montessori School

900 Mission Road  
North Little Rock, AR 72116  
501-753-5157  
Fax: 501-812-0723  
[www.nlrmontessoripto.org](http://www.nlrmontessoripto.org)



### After School Care Information 2010/2011

Our after school care hours are from 2:30-6:00 p.m. Please fill out and return the registration form with its applicable fee (\$35.00) as soon as possible so that a space may be held for your child. This also will give us an idea of how many students will be participating in our program. Checks should be made to NLR Montessori School, and handed directly to child care. Registration fees are non-refundable. In addition, fees for full time and part time care are payable each week, even if your child is absent due to illness, family vacation, etc. This is standard procedure for day care and school settings alike. We appreciate your understanding and cooperation on this!

Please be aware that your child will need an afternoon snack every day (including pizza days). This should include any two of the following four food groups: bread/grain, fruit, vegetable, protein. If your child is in drop in care, we will give them a balanced snack free of charge. We do provide drinks at snack time, or you may choose to send your own. If a child does not have a snack and is in full time/part time care, we will provide one to your child at \$1.50 per snack. You may wish to mark afterschool snack in some way, so that it doesn't accidentally get eaten at lunch (this has happened many times!).

**Important notes:** On school days with early dismissal, our program will remain open. There is an added \$10.00 fee per child on those days to cover our expenses and extra time. If you choose to utilize care on those days, please make sure that your child has a lunch and an afternoon snack.

If you are late picking up your child (after 6:00 pm) you will be charged a late fee of \$1 per minute by the school clock. This fee is payable when you arrive **before** you check out your child, unless other arrangements have been made.

If someone other than parents/guardians will be picking up a child, we need written notification and consent. The person designated **must** have a valid picture ID (such as a driver's license) before we will release your child to them.

**When the school is closed for holidays, we are closed as well.**

Thank you for the opportunity to serve your family in this way. We look forward to seeing everyone soon!

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## Registration for After School Care 2010/2011

Yearly registration fee	\$35.00/ child	Part time (2-3 days/wk.)	\$40.00 / child
Full time care (weekly)	\$60.00/ child	Drop in (per day)	\$20.00/ child

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Work: \_\_\_\_\_

What are mom's work hours, should we need to reach her during this time? \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Work: \_\_\_\_\_

What are father's work hours, should we need to reach him during this time? \_\_\_\_\_

### Emergency information:

Does your child have any medical issues (allergies/medication he/she is on, health concerns)? \_\_\_\_\_

If so, please list them: \_\_\_\_\_

In the event that you cannot be reached, please provide two alternate names and contact information. Those listed will be considered authorized to pick up your child if you are unable to do so. If any information changes, please let us know so that we may keep our files updated.

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Hospital (if needed): \_\_\_\_\_

In the event of an emergency, I hereby give consent for medical transport and treatment of my child, for which I will be held wholly responsible. I further agree not to hold North Little Rock Montessori School or its staff responsible for any loss pertaining to an accident in which my child is involved.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date