



Enfield Montessori School & Chiaravalle Academy  
1325 ENFIELD STREET, ENFIELD, CT 06082

## Annual After Care Programs

### After Care Complete (Available to full-day students only)

Option 4 (ACC) – After care from the end of the school day until 5:30 p.m., five days per week

Annual after care is available for full-day students (students age 5 years-old and above). This option covers after care for all full and half-days for the entire school year for one flat rate. It is designed for families who regularly use after care until 5:30 p.m.

**Annual Cost - \$4,750** (fee to be added to annual tuition contract or paid in full).

### Primary After Care (PAC) (Available to pre-kindergarten primary students only)

Option 1 (PAC) – After care from 12:00 p.m. to 2:30 p.m., five days per week

**Annual Cost - \$4,400** (fee to be added to annual tuition contract or paid in full).

If your child needs additional care after 2:30 p.m., your child may attend our regular after care program on an hourly basis billed separately at a rate of \$9.00 per hour in whole hour increments on weekly basis.

Option 2 (PAC+) – After care from 12:00 p.m. to 5:30 p.m., five days per week

**Annual Cost - \$7,350** (fee to be added to annual tuition contract or paid in full).

Option 3 (PAC daily) – After care from 12:00 p.m. to 2:30 p.m., one to four days per week

**Annual Cost per number of days selected - \$880** (fee to be added to annual tuition contract or paid in full). Parents must select the number of days needed per week and the day(s) of the week the student will attend. Advanced notice will be required to change the weekday(s) selected.

If your child needs additional care after 2:30 p.m., your child may attend our regular after care program on an hourly basis billed separately at a rate of \$9.00 per hour in whole hour increments on weekly basis.

Primary After Care (PAC) is designed for those families who need regular childcare and will require enrollment to participate. **It is not designed for occasional use.** We will expect an annual commitment.

*Please complete and return the form below with your payment information to register.*

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I would like to enroll my child(ren) in an annual after care program. Option: \_\_\_\_ \$ \_\_\_\_\_

*Please complete for Option 3 (PAC Daily) only:*

Check days of attendance: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

I understand that my tuition contract will be adjusted to include my annual after care charges.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date