



Rochester Montessori School

Additional Services Request Form 2011-2012

Child's Name _____ D.O.B. _____
 Mother's Name _____ Cell # _____
 Father's Name _____ Cell # _____
 E-Mail _____

My child is enrolled in the (please check one):

Toddler Program _____
 Children's House _____
 Elementary 1 _____
 Elementary 2 _____
 Middle School _____

I request the following additional services and on the following days as checked:

<i>Program</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Early Arrival (7:30 – 8:30)					
Late Pickup 1 (4:30)					
Late Pickup 2 (5:30)					

All Additional services are billed via auto withdrawal. You will receive an invoice prior to auto withdraw on approximately the 15th following the month of service.

Signature _____ Date _____