

Kimberton Waldorf School

410 West Seven Stars Road • PO Box 350 • Kimberton, PA 19442

Lower School & Administration
610-933-3635 • Fax 610-935-6985
e-mail: admin@kimberton.org

High School
610-935-2333 • Fax 610-917-3805
website: www.kimberton.org

Dear Parents,

We are pleased to offer the following programs to families who are desiring an extension of the school day in a way that provides a daily and weekly rhythm of activities in a familiar, consistent environment for their child(ren).

Fees for these programs can be found below. Please select the program you are interested in applying for and return the form with your 2011-12 Student Contract.

After-School Care Program

School Days	3:15 –5:45 p.m.	Early Childhood through Sixth Grade Students	\$6 per hour (billed in 15 min. intervals monthly)
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Friday Afternoon Care Program

Friday Afternoon Care is not a drop-in program. Because the group that is formed has a rhythm built into their activities, drop-in may be disruptive. If emergency drop-in care is needed, please call the Middle School Office (610-933-3635 ext. 100) no later than 12:00 noon to arrange this.

Friday for the School Year	1:00 – 3:10 p.m.	First and Second Graders	\$500
Emergency drop-in rate	1:00 – 3:10 p.m.	First and Second Graders	\$25 per day

All who are planning to have their children attend Aftercare must fill out the enclosed registration form and return it with your 2011 – 12 Student Contract.

Student's Name(s) _____

_____ Please enroll in the Afternoon Care Program on Fridays from 1:00 p.m. – 3:10 p.m.

_____ Please enroll in the After-School Care Program on the following days:

_____ Five days (Mondays through Fridays)
_____ Four days [] Mondays [] Tuesdays [] Wednesdays [] Thursdays [] Fridays
_____ Three days [] Mondays [] Tuesdays [] Wednesdays [] Thursdays [] Fridays
_____ Two days [] Mondays [] Tuesdays [] Wednesdays [] Thursdays [] Fridays
_____ One day [] Mondays [] Tuesdays [] Wednesdays [] Thursdays [] Fridays

Mother's Name and Telephone Number(s) during the school day: _____

Father's Name and Telephone Number(s) during the school day: _____

Names and Telephone Number(s) of all adults authorized to pick up student:

Does your child have any food allergies? Please note any medical conditions that we should be aware of in order to best care for your child. _____

(Please use the back of this form to add any further notes)

Note: Emergency forms will be provided to caregivers of the extended day programs.

