



**CINCINNATI WALDORF SCHOOL**  
**Extended Care Annual Contract 2015-2016**

- Annual Extended Care Contracts are calculated on a 37 week school year.
- Annual Extended Care Contracts are added to your total tuition contract, or you may pay in full in advance.

\_\_\_\_ PLEASE ADD TOTAL TO FACTS CONTRACT. (Will be assumed if nothing indicated)

\_\_\_\_ I WOULD LIKE TO PAY IN FULL, PLEASE INVOICE WITH AMOUNT.

- 10% discount is applied for all Annual Extended Care Contracts received by October 15th.
- Additional 10% discount is applied for each sibling, after first, on an Annual Contract.
- Registration for Monthly Extended Care takes place beginning in the fall of each school year.  
**Early Care=1 Session:      Late Care=1 Session:      Full Day=2 Sessions:**  
**Noon – 3:00 PM              3:00 – 6:00 PM              Noon – 6:00 PM**

**Child #1:** \_\_\_\_\_

Name	Class				
Circle Sessions Desired	M	T	W	Th	F
Noon – 3:00 PM	E	E	E	E	E
3:00 – 6:00 PM	L	L	L	L	L

**\$20.00 per session X 37 weeks = \$740 X \_\_\_\_\_ (# of sessions desired) =**

**Cost of Extended Care for Child #1 \$ \_\_\_\_\_**

**Child #2:** \_\_\_\_\_

Name	Class				
Circle Sessions Desired	M	T	W	Th	F
Noon – 3:00 PM	E	E	E	E	E
3:00 – 6:00 PM	L	L	L	L	L

**\$20.00 per session X 37 weeks = \$740 X \_\_\_\_\_ (# of sessions desired) =**

**Cost of Extended Care for Child #2 \$ \_\_\_\_\_**

<b>FOR CWS USE ONLY</b>	<b>Subtotal Extended Care Contract</b>	<b>\$ _____</b>
	<b>10% Sibling Discount</b>	<b>\$ _____</b>
	<b>Subtotal after Sibling Discount</b>	<b>\$ _____</b>
	<b>10% Annual Contract Discount</b>	<b>\$ _____</b>
	<b>Total after Applicable Discounts</b>	<b>\$ _____</b>

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_