



518 Virginia Avenue Ste. 200  
Towson, Maryland 21286  
410.825.6300  
www.opendoorcare.com

2010-2011 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE

ARUNDEL MIDDLE

FOR OFFICE USE ONLY: Received date: \_\_\_\_\_ Confirmation date: \_\_\_\_\_

**Primary Parent** \_\_\_\_\_  
(responsible for billing)

Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email \_\_\_\_\_

**Second Parent** \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

**1st Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_

**2nd Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_

Have you been with Open Door before?  Yes  No

What school will your child be attending?  
\_\_\_\_\_

**Check Session Desired:**  After School (5 days) \$183/mo  After School (4 days) \$165/mo  
*Specify the 4 days:*  Mon  Tue  Wed  Thu  Fri

My child(ren) will be attending Open Door Child Care, and the fee for that care will be \$\_\_\_\_\_ per month per child.  
**Automatic payment by credit card is available by completing the form on the back.**  
I understand that tuition is to be paid on the first of the month, in advance of care. In addition, I understand:

- Payments are to be mailed to the Towson Administrative Office.
- Cash payments are not accepted.
- A late payment fee of \$25.00 will be assessed if payment is not made on time.
- If the bank returns my check, a \$25.00 fee will be assessed.
- If my child is terminated due to non-payment, there is a \$25.00 re-registration fee.
- **A two-week written notice is needed to withdraw or make a schedule change.**

I will read and abide by the policies set forth in the Parent Handbook. **Among the policies described are Snow Policy and Early Closings.** My signature on this contract, along with the **\$25.00 non-refundable fee per family,** indicates my agreement to the terms stated herein.

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

\_\_\_\_\_  
THE OPEN DOOR OF MARYLAND, INC. AGENT DATE

**Authorization for Emergency Medical Care**

I hereby authorize Emergency Medical Care for my child, if in the judgment of the staff, treatment is required for any injury or illness. I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I will be notified at the earliest possible time.

I understand that I am financially responsible for any medical care or transportation expenses incurred on my child's behalf.

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

**AUTOMATIC PROCESSING ENROLLMENT FORM**

**Parent/Guardian** \_\_\_\_\_

**Children** \_\_\_\_\_

**School Location** \_\_\_\_\_

**Credit Card** (check one)  Visa  Mastercard

OPEN DOOR DOES NOT ACCEPT DEBIT OR CHECK CARDS AND WILL NOT BE RESPONSIBLE FOR FEES INCURRED AS A RESULT OF THEIR USE.

**Account Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

- I authorize the Open Door to charge the above account at the beginning of each month for child care fee(s) that my child(ren) will incur in that month.
- I understand that a thirty-day written notice is required to discontinue this service.
- I understand that if my credit card is declined in a particular month, Open Door will submit it a second time. If it is declined a second time or any subsequent time that month, there will be a \$30 fee each time.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS (Please print)