



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

2011-2012 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) _____

Email _____

1st Child's Name _____

Grade _____ Birth Date _____ Start Date _____

T-Shirt Size - S M L XL (Please circle)

2nd Child's Name _____

Grade _____ Birth Date _____ Start Date _____

T-Shirt Size - S M L XL (Please circle)

Have you been with Open Door before? Yes No

What school will your child be attending?

Check Session Desired: After School (5 days) \$194/mo After School (4 days) \$176/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 \$50.00 re-registration fee.
- **A two-week written notice is needed to withdraw or make a schedule change. Schedule adjustments requiring a refund will be assessed a \$25 processing fee.**

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 **\$50.00 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)