



518 VIRGINIA AVENUE
TOWSON, MARYLAND 21286
(410) 825-6300
www.opendoorcare.com

2009-2010 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE

BALTIMORE

FOR OFFICE USE ONLY: Received date: Confirmation date:

Primary Parent (responsible for billing) Address

1st Child's Name

Grade Birth Date Start Date

City and Zip Code

2nd Child's Name

Phone: (h) (w)

Grade Birth Date Start Date

Email

Have you been with Open Door before? Yes No

Second Parent

What school will your child be attending?

Phone: (h) (w)

Check Session Desired: Before (\$125/month) After (\$160/month) Before & After (\$260/month)

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. 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 your check, a \$25.00 fee will be assessed. If your child is terminated due to non-payment, there is a \$25.00 re-registration fee. In the event that we offer full day care, the charge per day is \$30.00, unless your child is registered for mornings and afternoons 5 days per week. There is a charge of \$30.00 if you sign up for full day care and your child does not attend on that day.

I will read and abide by the policies set forth in the Parent Handbook. Among the policies described are Snow Policy, Late Openings, Early Closings, and Fees for Whole Day Care.

A two-week written notice is needed to withdraw or make a schedule change.

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 BALTIMORE, 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: \_\_\_\_\_

Child(ren): \_\_\_\_\_

School Location: \_\_\_\_\_

Credit Card (circle 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)