



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

2010-2011 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE

The GreenMount School

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 Weekly Sessions Desired:** \$50/week \$44/4 days
 \$36/3 days (\$41 if 1 day is Fri.) \$26/2 days (\$31 if 1 day is Fri.)
- Check Drop-In Sessions Desired:** Mon-Thur Drop in - \$20/day Friday Drop in - \$30/day

Automatic payment by credit card is available by completing the form on the back.

I understand that tuition is to be paid the first day 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, Late Openings, Early Closings, and Fees for Whole Day Care.** My signature on this contract, along with the **\$125.00 deposit (\$100 deposit and \$25 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 _____

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)