



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

2010-2011 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE

OPEN DOOR AT ST. JAMES ACADEMY

FOR OFFICE USE ONLY: Received date: _____ Confirmation date: _____

Primary Parent _____
(responsible for billing)
Address _____
City and Zip Code _____
Phone: (h) _____ (w) _____
Email _____

1st Child's Name _____
Grade _____ Birth Date _____ Start Date _____
2nd Child's Name _____
Grade _____ Birth Date _____ Start Date _____

Second Parent _____
Phone: (h) _____ (w) _____

Have you been with Open Door before? Yes No

MONTHLY FEE:	DAILY FEE FOR PART-TIME CARE:	DROP IN FOR OCCASIONAL USE:
\$228.00 _____ 3:00-6:00	\$35.00 _____ 3:00-6:00	\$45.00 _____ 3:00-6:00
\$161.00 _____ 3:00-4:15	\$30.00 _____ 3:00-4:15	\$35.00 _____ 3:00-4:15
\$161.00 _____ 4:15-6:00	\$30.00 _____ 4:15-6:00	\$35.00 _____ 4:15-6:00
	\$50.00 _____ 12:00-6:00	\$60.00 _____ 12:00-6:00

My child(ren) will be attending The Open Door Child Care, and the fee for that care will be \$ _____ per month.
My child(ren), will be attending The Open Door Child Care center on a **daily basis** the following days of the week. I understand that I must select specific days for which I will be charged monthly.
 Monday Tuesday Wednesday Thursday Friday

My child(ren) will be attending The Open Door Child Care center on a **drop in basis**, and the fee for that care will be \$ _____ per day. **I understand that in order to use care on a drop in basis, I must call the center 24 hours in advance to confirm that space is available. 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. I will read and abide by the policies set forth in the Parent Handbook. **Among the policies described are Snow Policy and Early Closings.**
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** _____

