

2018 – 2019 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE

KINGSVILLE ELEMENTARY

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 _____

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)

Second Parent _____

Phone (h) _____ (w) _____

Email _____

Have you been with Open Door before? Yes No

What school will your child be attending?

Check Session Desired: Before (\$160/month) After (\$210/month) Before & After (\$344/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 debit/credit card is available by completing the form on the back.

I understand that tuition is to be paid in advance of care. There are ten monthly fees of equal amounts. The first payment is Due August 1. Subsequent payments are due the 15th of the month beginning September 15 and ending May 15. **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.
- In the event that full day care is offered, the charge per day is \$35.00, unless my child is registered for mornings and afternoons 5 days per week. There is a charge of \$35.00 if I sign up for full day care and my child does not attend on that day.
- **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.**
- All reasonable precautions are taken to prevent injuries to the children. Open Door, its employees and agents will not be held liable for incidents that may occur. Parents agree to release and hold harmless Open Door its agents and employees should any injury be sustained.
- In Child Custody matters or other legal disputes, parents may be required to pay for legal fees, copying costs, and employee time (at the employee's hourly rate) incurred by Open Door in responding to subpoenas and requests for documents. Open Door charges a copying fee of \$.76 per page.

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 **\$50.00 non-refundable fee per family**, indicates my agreement to the terms stated herein.

PARENT'S SIGNATURE

DATE

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/Debit Card (check one) Visa Mastercard Discover

Card Number _____ Expiration Date _____

- I authorize Open Door to charge the above account on August 1 and to charge subsequent payments on the 15th of each month for child care fee(s) that my child(ren) will incur for the next 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)