



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

2012 SUMMER CONTRACT

HOURS: 7:00 am - 6:00 pm FEE: \$195.00 per week

Primary Parent _____ **CHILD'S NAME** _____
(responsible for billing) (Please register each child separately)

Address _____ Child's Birth Date _____

City and Zip Code _____ 2011-12 Grade _____

Home Phone _____ Work Phone _____ Have you been with Open Door before? _____yes_____no

Email _____ If yes, which center? _____

Second Parent _____ Circle T-Shirt size (youth) SM MED LRG XLRG

Second Parent Work Phone _____

Second Parent Email _____

Place a check mark (✓) in the boxes of the weeks you want to enroll your child.

<i>Theme →</i>	Super Heroes	Back to the Future I	Back to the Future II	Goopy Science	Open Door's Got Talent	Hollywood	Open Door Island	Summer Athletics	Lost In Space	Exploring Nature
<i>Date →</i>	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13
Arundel Middle (Grades 1-8)										
Villa Cresta Elementary									Not available	Not available

My child _____, 2011-2012 Grade _____, will be attending the Open Door Summer Camp. The box(es) checked above correspond with the center(s) and week(s) which my child will attend. **A non-refundable security deposit of \$195.00 per child**, along with the completed contract, is required to complete registration. The deposit will be applied to my child's last session of scheduled care. If my child misses one full week or any portion of a week, I must pay the full fee as contracted. Schedule changes and withdrawals must be requested in writing, with two weeks notice. A parent handbook is available at the Center on or prior to the first day of care, detailing the policies of the program. My signature on this contract, along with the non-refundable security deposit, indicates my agreement to the terms stated herein. Automatic payment by credit card is available by completing the back of this form.

 SIGNATURE OF PARENT OR GUARDIAN

 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.

 SIGNATURE

 DATE

