



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

2009 SUMMER CONTRACT

HOURS: 7:00 am - 6:00 pm FEE: \$185.00 per week

Primary Parent _____
(responsible for billing)

Address _____

City and Zipcode _____

Home Phone _____

Work Phone _____

Email _____

Second Parent _____

CHILD'S NAME _____

(Please register each child separately)

Child's Birth Date _____

2008-09 Grade _____

Have you been with Open Door before? ___yes___no

If yes, which center? _____

Second Parent Work Phone _____

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

	Treasures of the Sea	Wonders of Nature	American Spirit Week	Starry Night	Back to the Farm	Super Heroes	Summer Olympics	Open Door Musical	Treasures of the Sea
Location	6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10
Piney Orchard Elem.									Not available
Joppa View Elem.									
Villa Cresta Elem.									Not available

My child _____, 2008-2009 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 \$185.00 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

AUTOMATIC PROCESSING ENROLLMENT FORM

Parent/Guardian: _____

Child(ren): _____

School Location: _____

Credit Card (circle one) VISA MASTERCARD **(Open Door does not accept debit cards.)**

Account Number: _____

Expiration Date: _____

- I authorize the Open Door to charge the above account at the beginning of each week for child care fee(s) that my child(ren) will incur in that week.
- I understand that a written notice is required to discontinue service prior to the week used for care.
- I understand that if my credit card is declined in a particular week, Open Door will submit it a second time. If it is declined a second time or any subsequent time, there will be a \$30 fee each time.

Signature

Date

Address (please print)