

2020 – 2021 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE

HONEYGO ELEMENTARY

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) _____

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)

Have you been with Open Door before? Yes No

Check Session Desired:

- | | | | |
|---------------------------|---|--|---|
| Full Time | <input type="checkbox"/> Before (\$173/month) | <input type="checkbox"/> After (\$227/month) | <input type="checkbox"/> Before & After (\$371/month) |
| Part Time (4 days) | <input type="checkbox"/> Before (\$156/month) | <input type="checkbox"/> After (\$204/month) | <input type="checkbox"/> Before & After (\$334/month) |
| Part Time (3 days) | <input type="checkbox"/> Before (\$147/month) | <input type="checkbox"/> After (\$193/month) | <input type="checkbox"/> Before & After (\$315/month) |

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**.
A two-week written notice is required to withdraw or make a schedule change.
Schedule adjustments requiring a refund will be assessed a \$25 processing fee.

I acknowledge that the following items will be sent to me upon completion of the registration process and required before my child can begin attending an Open Door program:

- Emergency Form completed and signed for each child attending.
- Health Inventory Form completed and signed by parent/guardian and medical practitioner for each child attending.
- Permission Slip completed and signed for each child attending.
- Medication Administration Authorization Form, if applicable, signed by parent/guardian and medical practitioner along with the appropriate medication including the prescription label.
- I will review the **Guide to Regulated Childcare** that contains information about State licensed childcare facilities.
- I will read and abide by the policies set forth in the **Parent Handbook**.
- 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

AUTOMATIC PROCESSING ENROLLMENT FORM

Parent/Guardian _____

Children _____

School Location _____

Credit/Debit Card (check one) Visa Mastercard Discover

Card Number _____ Expiration Date _____

CVV Number _____

- 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 two-week 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)