

2020 SUMMER CONTRACT

HOURS: 7:00 am - 6:00 pm FEE: \$225.00 per week

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

Address _____ Child's Birth Date _____
 City and Zip Code _____ 2019-20 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 _____

SUMMER DAY CAMP AVAILABLE AT THE TOWSON HOME OFFICE
518 Virginia Avenue
Towson, Maryland 21286
410-825-6300
www.opendoorcare.com

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

<i>Themes</i>	Creative Minds	Gears for Engineers	Animal Kingdom	Under the Sea	Going Green	Out of this World	Field of Dreams	Down by the Bay
<i>Week of →</i>	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10

Corona Virus Modifications for Care:
MSDE requirements have changed the staff: child ratio from 1:15 to 1:14.
Due to increased licensing regulations, field trips are cancelled this summer.
All health and safety guidelines set by MSDE will be followed.

My child _____, 2019-2020 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 \$225.00 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.

2020 SUMMER CAMP

AUTOMATIC PROCESSING ENROLLMENT FORM

Parent/Guardian: _____

Child(ren): _____

School Location: _____

Credit Card (circle one) VISA MASTERCARD DISCOVER

Account Number: _____

Expiration Date: _____

CVV Number: _____

- I authorize Open Door to charge the above account on Friday of each week for child care fee(s) that my child(ren) will incur for the next 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)