

**2020 – 2021 REGISTRATION CONTRACT SCHOOL-AGE CHILD CARE**

**LUTHERVILLE 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 \_\_\_\_\_

**1<sup>st</sup> Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_

T-Shirt Size S M L XL (Please circle)

**2<sup>nd</sup> 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**  Before (\$150/month)  After (\$199/month)  Before & After (\$310/month)

**Part Time (4 days)**  Before (\$134/month)  After (\$179/month)  Before & After (\$279/month)

**Part Time (3 days)**  Before (\$121/month)  After (\$161/month)  Before & After (\$251/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 15<sup>th</sup> 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 15<sup>th</sup> 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)**