



**Active Minds**  
**Learning Camp**

*Before & After  
Care Program*

## 2019-20 Registration Contract for School-Age Child Care

Choose a school

Perry Hall Elem    Chapel Hill Elem    Seven Oaks Elem    Joppa View Elem  
 Villa Cresta Elem    Gunpowder Elem    Honeygo Elem    Other: \_\_\_\_\_

1<sup>st</sup> Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_      School: \_\_\_\_\_      DOB: \_\_\_\_\_

T-Shirt Size:    S      M      L      XL

2<sup>nd</sup> Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_      School: \_\_\_\_\_      DOB: \_\_\_\_\_

T-Shirt Size:    S      M      L      XL

Primary Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_      Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_      Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Click Session Desired**

**Full Time Care**

Before Care (\$65)       After Care (\$100)       Before & After (\$125)

**Part Time Options** (per day with a minimum of 2 days per week)

Before Care Part Time (\$15 a day)

After Care Part Time (\$25 a day)

I understand that my tuition is to be paid in advance of care. Each payment is due the Monday that care begins. In addition, I understand the following:

- This is a contract for the 2019-20 school year.
- A late payment fee of \$10 is applied if the tuition is received late. Late payment is defined as any payment received after close of business Tuesday.
- If the bank returns my check, a \$35.00 fee will be assessed.
- A non-refundable \$60.00 registration fee per child is due at registration along with a deposit of one weeks' tuition.
- I understand that on days that Baltimore County Public Schools are closed, Active Minds Learning Camp will provide care and no additional tuition cost.
- On days where snow is expected to be 5" and above Active Minds will be closed, anything below and we guarantee to be open on time.
- A two-week written notice is needed to withdraw or make a schedule change.
- All reasonable precautions are taken to prevent injuries to children. Active Minds, its employees and agents will not be held liable for incidents that may occur. Parents agree to release, and hold harmless Active Minds, its agents and employees should any injury be sustained.

I will read and abide by the policies set forth in the Active Minds Before/After Care program book. My signature on this contract, along with the non-refundable deposit, indicates my agreement to the terms stated herein.

---

Parent Signature

Date

---

Active Minds Learning Camp, LLC Agent

Date

I hereby authorize emergency medical care for my child, if in the judgement 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.

---

Parent Signature

Date