

2019-20 Registration Contract for School-Age Child Care Lutherville Location

	[] Pot Spring Elem [] Hampton Elem [] Stoneleigh Elem [] Warren Elem [] Mays Chapel Elem [] Other:		
1 st Childs Name:			
Grade:	School:	DOB:	
T-Shirt Size: S	M L XL		
2 nd Childs Name:			
Grade:	School:	DOB:	
T-Shirt Size: S	M L XL		
Primary Parent:			
Address:			
City, Zip:		Phone:	
Email:			
Secondary Parent:			
Address:			
		Phone:	
Fmail:			

Click Session Desired		
Full Time Care		
[] Before Care (\$65)	[] After Care (\$100)	[] Before & After (\$125)
Part Time Options (per da	ay with a minimum of 2 days p	oer 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. To register I am providing a deposit of my last week's tuition. In addition, I understand the following:

- This is a contract for the 2019-20 school year.
- A special 20% off the above tuition will be given for the first year.
- A late payment fee of \$20 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 \$25.00 fee will be assessed.
- A non-refundable \$60.00 registration fee per child is due at registration.
- I understand that on days that Baltimore County Public Schools are closed, Active Minds Learning Camp will provide care at 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.
- A two-week written notice is needed to withdraw or make a schedule change.
- If the account received a summer camp discount an early withdraw penalty, for that amount is due at with draw, if you withdraw before February 1st, 2020.
- 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 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 administrating 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 nay medical care or transportation expenses incurred on my child's behalf.

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.