



MARYLAND CHILD SERVICES INC.

14015 New Hampshire Av. Silver Spring Md 20904

www.mdchildservices.org



SUMMER CAMP CONTRACT 2019

<input type="checkbox"/> COLESVILLE CENTER 14015 New Hampshire Ave. Silver Spring, MD 20904 (301) 384-0575	<input type="checkbox"/> SHERWOOD CENTER 1403 Olney-Sandy Spring Road, Sandy Spring, MD 20860 (301) 570-6077	<input type="checkbox"/> PAGE CENTER 3400 Tamarack Rd, Silver Spring, MD 20904 (301)384-0664	<input type="checkbox"/> MARY HART CENTER 13100 Ardennes Ave. Rockville, MD 20851 (301) 984-9595
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Parent/Guardian name: _____

Street Address: _____ City : _____ ZIP: _____

Home Telephone: _____ Work Telephone: _____

Soc Sec Number: _____ - _____ - _____ Driver License #: _____

E-mail Address: _____ Cell phone: _____

TUITION RATES: There is a 10% sibling discount		3 Days	4 Days	5 Days
A	Preschool Full Time 3 & 4 YRS *	220	245	260
B	Preschool Full Time 2 yrs. and non toilet trained 3 & 4 yrs *	240	260	275
C	Preschool AM 9:00 am – 1:00 pm (Lunch Included)	155	175	195
D	School Age Full Time (Monday to Friday 7:00am - 6:30pm)**	250	270	295
* Breakfast, Lunch and Snack Included		** Breakfast and Snack Included		

A non-refundable registration fee of **\$50.00** per child is required to reserve a space in the Center. **The registration fee will be waived if your child is CURRENTLY attending one of our centers.**

Parent Agreements --- Please initial each statement

_____ Yes, I understand that this contract and the weeks checked below are **not subject to any change**. I also understand that if my child is absent for whatever reason (missed days, illness, weather related closing, Holidays), I am still 100% financially responsible for the weeks that I have registered my child(ren) for.

_____ Yes, I understand that tuition is due **every Friday** of the current week and if payment is not received by the close of business on Friday of the current week, a \$25.00 late charge will be assessed. Clients enrolled in auto pay will be charged every Friday as well (not bi-weekly as on the regular school year). Maryland Child Services reserves the right to terminate child care without prior notice in the event the account becomes past due.

_____ Yes, I understand that in the event my account becomes past due and is referred to a collection agency or an Attorney, I will be responsible for a collection fee in the amount equal to 35% of the past due balance, Attorney fees, and/or court costs. Return check fee is \$45.00

_____ Yes, I understand that if **in the event I cancel this agreement, I am financially responsible for all the weeks that I registered my child(ren)**.

_____ Yes, I understand that the center will not delay the departure time for field trips and if my child is not present on time, he/she will not be able to attend the trip

_____ Yes, I understand that our programs are 3, 4 or 5 days only. **Single days drop-offs will not be accepted.**

_____ Yes, I understand that **the center will be closed on August 29th and August 30th 2019** and the tuition fee for the week of 08/26 to 08/28 2019 is **\$250.00 for School Age and \$220.00 for Pre-School.**

SCHOOL AGE MEAL SERVICE:

You must provide your child's lunch; in the event you forget to bring lunch for your child, an emergency lunch will be provided at an additional cost of \$5.00 per occurrence. We will provide Breakfast (8:00am to 8:30am) and snack (3:30pm to 4:00pm).

HOURS OF OPERATION & LATE FEES:

Monday through Friday 7:00 am to 6:30 pm at Sherwood and Colesville; **Mary Hart from 7:30 am to 6:30 pm**. In the event your child is not picked up by 6:30 pm a late charge will assessed, per child, as follows: \$30.00 for any part of the first 10 minutes and \$10.00 every 5 minute interval.

FINANCIAL:

- We accept Checks, MasterCard and Visa and Discovery credit Cards and Money Orders.
- We also accept CSS and WPA Vouchers. Vouchers are due no later than the 1st of each month. The difference between the voucher amount and our actual fee is the financial responsibility of the parent and must be paid in full.
- For **accounting questions** contact Patty Graves at (703) 743-5506 or accounting@mdchildservices.org

Auto Pay Service (Payments to be processed every Friday during summer camp season):

If you are interested in signing up for our automatic payment service, complete the section below or contact Patty Graves at (703) 743-5506

Card Holder Name: _____ Card Holder Address: _____

Card Number: _____ Exp. date: _____ Sec # _____ MC Visa

Please circle options below:

Child 1 Name: _____ DOB: _____ **A B C D**

Mark with "X" The weeks that your child will attend

<input type="checkbox"/>	June 17	<input type="checkbox"/>	June 24	<input type="checkbox"/>	July 1	<input type="checkbox"/>	July 8	<input type="checkbox"/>	July 15	<input type="checkbox"/>	July 22
<input type="checkbox"/>	July 29	<input type="checkbox"/>	August 5	<input type="checkbox"/>	August 12	<input type="checkbox"/>	August 19	<input type="checkbox"/>	August 26*	<input type="checkbox"/>	

Please circle options below:

Child 2 Name: _____ DOB: _____ **A B C D**

Mark with "X" The weeks that your child will attend

<input type="checkbox"/>	June 17	<input type="checkbox"/>	June 24	<input type="checkbox"/>	July 1	<input type="checkbox"/>	July 8	<input type="checkbox"/>	July 15	<input type="checkbox"/>	July 22
<input type="checkbox"/>	July 29	<input type="checkbox"/>	August 5	<input type="checkbox"/>	August 12	<input type="checkbox"/>	August 19	<input type="checkbox"/>	August 26*	<input type="checkbox"/>	

Signature Parent / Guardian: _____ Date: _____

Received By: _____ Start Date: _____

Registration Fee Waived or Collected: _____
Check # and Amount

For general information please call:
(240) 644-9295