



MARYLAND CHILD SERVICES INC.

PO BOX 279, LISBON MD 21765
SCHOOL YEAR CONTRACT 2019 - 2020

(September 3rd 2019 to June 15th 2020)

MCS is accredited by:



<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 13400 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: _____

WEEKLY 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	Before School Care (Breakfast Included)	70	80	90
E	After School Care (Snack Included)	85	95	110
F	Before & After School care (Breakfast and Snack Included)	145	165	180

* Breakfast, Lunch and Snack Included

A non-refundable registration fee of **\$50.00** per child is required to reserve a space in any of the centers. **The registration fee will be waived if your child is re-enrolling in any of the centers.**

Parent Agreements --- Please read carefully and initial each statement

_____ Yes, I understand that if my child is absent for whatever reason (missed days, illness, weather related closing and holidays), I am still financially responsible for the contracted tuition fee.

_____ Yes, I understand that if my school aged child attends the weeks of winter and/or spring break, regardless of the number of the days in attendance, the fee is \$185.00

_____ Yes, I understand that tuition is due the Monday of the current week and if payment is not received by the close of business on Monday of the current week, a \$25.00 Late Charge will be assessed. 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 MCSI requires 2 weeks written notice to reduce the days of this contract. Temporary or week to week changes in any contracts will not be accepted.

_____ Yes, I understand that MCSI requires 4 weeks written notice to terminate this contract. If I do not give the required notice, I understand that I will be responsible for the 4 weeks of tuition.

_____ 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

HALF DAYS AND SINGLES HOLIDAYS:

- Children who are contracted for 5 days per week: Half Days and non-school days are included in the weekly fee.

- Children who are **NOT** contracted for a Day in which a Half Day or Non-School Day occurs will incur a fee as follows: Half Day \$40.00, Non School Day \$60.00

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 be 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, Visa and Discovery credit Cards and Money Orders.

- We also accept DSS and WPA Vouchers. Vouchers are due no later than the 1st of each month.

- For **accounting questions** contact Patty Graves at (703) 743-5506 or accounting@mdchildservices.org

Credit Card Auto Pay Service:

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 # _____ Discovery MC Visa

Please circle options below:

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

School Attending: _____ **Grade:** _____ **Days: M T W TH F**

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

School Attending: _____ **Grade:** _____ **Days: M T W TH F**

Signature Parent / Guardian: _____ Date: _____

Received By: _____ Start Date: _____

Registration Fee Waived or Collected: _____
Check # and Amount

For general information please call:
(240) 644-9295
www.kidsmcs.com