



# MARYLAND CHILD SERVICES INC.

14015 NEW HAMPSHIRE AVE. SILVER SPRING MD 20904  
**SCHOOL YEAR CONTRACT 2020 - 2021**

(August 31<sup>st</sup> 2020 to June 18<sup>th</sup> 2021)

MCS is accredited by:



<input type="checkbox"/> <b>COLESVILLE CENTER</b> 14015 New Hampshire Ave. Silver Spring, MD 20904 <b>(301) 384-0575</b>	<input type="checkbox"/> <b>SHERWOOD CENTER</b> 1403 Olney-Sandy Spring Road, Sandy Spring, MD 20860 <b>(301) 570-6077</b>	<input type="checkbox"/> <b>PAGE CENTER</b> 13400 Tamarack Rd, Silver Spring, MD 20904 <b>(301)384-0664</b>	<input type="checkbox"/> <b>MARY HART CENTER</b> 13100 Ardennes Ave. Rockville, MD 20851 <b>(301) 984-9595</b>
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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: \_\_\_\_\_

<b>WEEKLY TUITION RATES: There is a 10% sibling discount</b>		<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
<b>A</b>	Preschool Full Time 3 & 4 YRS	230	255	270
<b>B</b>	Preschool Full Time 2 YRS and Non-Toilet Trained 3 & 4 YRS	250	270	285
<b>C</b>	Preschool Part Time 8:30 am to 1:00 pm	165	185	205
<b>D</b>	Before School Care	70	80	90
<b>E</b>	After School Care	85	95	110
<b>F</b>	Before & After School Care	145	165	180
<b>G</b>	School Age / Online Learning Support Full Time (All Day)	210	230	250

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.**

### PARENTS AGREEMENTS – PLEASE READ CAREFULLY AND INITIAL EACH STATEMENT

- \_\_\_\_\_ Yes, I understand that if my child is absent for whatever reason (missed days, illness, weather, COVID-19 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 \$250
- \_\_\_\_\_ 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:

For children who are contracted for 5 days per week half days and non-school days are included in the weekly fee. Single day drop offs are not allowed.

### HOURS OF OPERATION & LATE FEES:

Monday through Friday 7:00 am to 6:00 pm at Page, Sherwood and Colesville Centers; Mary Hart Center from 7:30 am to 6:00 pm. In the event your child is not picked up by 6:00 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 1<sup>st</sup> of each month.
- For **accounting questions** contact Patty Graves at (703) 743-5506 or [accounting@mdchildservices.org](mailto: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 G**  
**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Days: M T W TH F**

**Child 2 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **A B C D E F G**  
**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**