



SCHOOL AGE CHILDCARE CENTER
2017/2018 ENROLLMENT CONTRACT

Center: School Your Child Attends Date Completed

Parent/Guardian Information (only parents or guardians who sign this form will have access to child information)
Parent/Guardian 1 (Responsible Party) Relationship to child(ren):
Name Signature:
Address: City: State Zip
Employer: Work Phone: Cell Phone:
Home Phone: e-mail: **

**Email information is required for billing and account management

Parent/Guardian 2 Relationship to child(ren):
Name Signature:
Address: City: State Zip
Employer: Work Phone: Cell Phone:
Home Phone: e-mail:

Other adults who have access to Child(ren)'s information:

Name: Relationship to child: Phone:
Name: Relationship to child: Phone:

(Only the parents/guardians and adults listed above will be given information about the care of the children listed below.)

Children Information - List additional children on the back

Child 1 Name: M/F (circle) Date of Birth: Age:
Grade entering in school Child will attend: Before School on M T W Th F (circle all that apply)
Date child will start care After School on M T W Th F (circle all that apply)
Check here if this child will attend as a: Drop-in only

Waiting lists may apply when enrollment reaches site capacity. At the time of registration, a \$90.00 per family, non-refundable registration fee is due (if after August 1, 2017 late registration fee is \$100.00). Registrations received after June 2, 2016 must also pay first tuition payment at time of registration.

- 1. Do you receive any supplemental childcare benefits from any government agency? (Y/N) If yes, please indicate the name of the agency
2. Is your child receiving intervention services through the school? (Y/N) If yes, please provide copy of IEP/IFSP/504 Plan so Director is aware of modifications necessary (will remain confidential).

I have read the Parent Manual and will abide by the information and policies set forth by ABC Care. I have received the booklet "A Parent's Guide To Regulated Child Care", a guide written by the Child Care Administration. All disputes go to mediation prior to court.

(Parent/Guardian's Signature) (Date)



Page 2 Enrollment Contract:

Additional Children (all children listed must be from the same home and family)

Child 2 Name: _____ M/F (circle) Date of Birth: _____ Age: _____ Grade entering in school _____ Child will attend: Before School on M T W Th F (circle all that apply) Date child will start care _____ After School on M T W Th F (circle all that apply) Check here if this child will attend as a: Drop-in only _____
Child 3 Name: _____ M/F (circle) Date of Birth: _____ Age: _____ Grade entering in school _____ Child will attend: Before School on M T W Th F (circle all that apply) Date child will start care _____ After School on M T W Th F (circle all that apply) Check here if this child will attend as a: Drop-in only _____

ALL FAMILIES MUST EITHER PROVIDE CHECKING, SAVINGS, OR CREDIT CARD INFORMATION, REGARDLESS OF THE PAYMENT OPTION CHOSEN.

PAYMENT OPTIONS

We have three (3) great billing options. **Please check which option you prefer.**

- Option #1:** The easiest method is for our customers to set up ACH withdrawals to be made directly from their bank account. The draw will be initiated 7 business days prior to the 15th of the month which is the payment due date. There will be **no fees** for this option.
- Option #2:** Payment by check to be received on or before the fifteenth of each month. **No fees** involved.
- Option #3:** Monthly recurring automatic credit card payments to be made 7 business days prior to the 15th of each month which is the payment due date. (Due date is the 15th of each month). This procedure will be assessed a fee of 2%. (Example: \$100 due x 2% = \$102)

Please complete the information below for recurring automatic payments:

I _____ (full name) authorize ABC Care, Inc. to charge my credit card or use ACH withdrawals indicated below 7 business days prior to the due date for payment of my child care tuition.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

SIGNATURE _____ DATE _____

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Acct _____ Bank Name _____ Account Number _____ Bank Routing # _____ Bank City/State _____
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<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholder Name _____ Account Number _____ Exp. Date _____ CVV (3-digit number on back of card) _____

This authorization will remain in effect until the end of the school year. I agree to notify ABC Care, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments will be executed on the prior business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that ABC Care, Inc. may, at its discretion, attempt to process the charge again within 5 business days. An additional \$30 charge for each attempt will be assessed as a separate transaction. I acknowledge ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Return completed enrollment contract to:
 ABC Care, Inc.
 2815 Patapsco Road Finksburg, MD 21048
 Fax: 410-751-3702 Email: abccare@abccareinc.com