



Please note: Enrollment is not complete until required paperwork as outlined on page 7 of Parent Manual is turned into Office/Center

SCHOOL AGE CHILDCARE CENTER
2019/2020 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): \_\_\_\_\_ Account Billing Status: Joint \_\_\_\_\_ Separate \_\_\_\_\_
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/Emergency contact

Name: \_\_\_\_\_ Relationship-child: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship-child: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Children Information

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, 2019 late fee registration is \$100). Registration received after June 18, 2019 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: \_\_\_\_\_
(ABC Care does accept a limited number of government- subsidized families in our program. Upon receipt of application and registration fee, notice of confirmation in writing will be issued.)
2. Is your child receiving intervention services through the school? (Y/N) If yes, please provide copy of IEP/IFSP/504 Plan so the 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 brochure "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: SmartCare-** 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 15<sup>th</sup> 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: SmartCare-** Monthly recurring automatic credit card payments to be made 7 business days prior to the 15<sup>th</sup> of each month which is the payment due date. (Due date is the 15<sup>th</sup> of each month). This procedure will be assessed a fee of 2.85%. (**Example: \$100 due x 2.85% = \$102.85**)

**Please complete the information below for recurring automatic payments:**

I \_\_\_\_\_ (full name) authorize ABC Care 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 \_\_\_\_\_

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

Visa       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 in writing of any changes in my account information or termination of this authorization at least 15 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 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  
 2815 Patapsco Road Finksburg, MD 21048  
 Fax: 410-751-3702      Email: abccare@abccareinc.com

