



ALL DAY CARE REGISTRATION FORM

Carroll County Public Schools, St. John and Sacred Heart will be closed: **October 19, 2018**
REGISTRATION FORM AND PAYMENT IS DUE ON: Friday October 12, 2018

CARE IS OFFERED AT THE FOLLOWING SITES:

Deer Park United Methodist

2205 Sykesville Road
Westminster, MD 21157
410-984-3646
Hours: 6:45 am-6:15 pm

Sykesville Fire Hall

6680 Sykesville Road
Sykesville, MD 21784
410-984-0807
Hours: 7:00 am - 6:00 pm



A-Maze-ing Adventures

Van Service from Parr's Ridge (note new pick-up time):

The ABC Care van will be at Parr's Ridge Elementary from 6:45-7:00am for transportation to Sykesville Fire Hall. Return transportation service is available to Mt. Airy. Pick up time will be 6:00-6:15 p.m. Pick up is available at Sykesville Fire Hall prior to 5:15 pm

Field Trip: Local Homestead, New Windsor **Cost:** \$20.00 **Time:** 11:15 a.m. – 4:15 p.m.

Trip Includes: Corn Maze, Play Ground, Wagon Ride, Pumpkin Picking

Note: Dress for outdoor play. This is a working farm. Children may get dirty.
Weather permitting; alternate trip will be planned if there is bad weather on 10/19.

What to Bring: Bagged lunch, two drinks and a refillable water bottle. Snack is provided for both a.m. and p.m.

****PLEASE NOTE: IF FORM IS TURNED IN AFTER THE ABOVE DATE YOU WILL BE CHARGED AT A DROP-IN RATE of \$70. NO CREDITS WILL BE GIVEN FOR CANCELLATIONS RECEIVED AFTER October 12, 2018. CANCELLATIONS CAN ONLY BE DONE BY CONTACTING THE MAIN OFFICE. PLEASE GIVE THE REGISTRATION FORM TO YOUR CENTER DIRECTOR PRIOR TO THE DUE DATE OR FAX IT TO THE MAIN OFFICE AT 410-751-3702.**



Please detach and return this portion, payment and release (if applicable) to your child's center by Friday October 12th

All Day Care (ADC) Registration Form for October 19, 2018 (Payment is due with registration.)

- \$36.00 ADC fee per child for children who have full time care schedules 5 days before care and 5 days after. (10% discount)
- \$38.00 ADC fee per child for children who have 5 days before OR 5 days after care scheduled. (5% discount)
- \$40.00 ADC fee per day per child when the child/ren has a regularly set weekly schedule but less than 5 days before and/or after.
- \$70 per day per child for ADC for the children who are drop-in care/flex families or for permission slips submitted past the due date.

Please Charge my account on file with SmartCare for \$_____.

ABC Care site your child/ren attends: _____ Normal Scheduled Days _____ (Ex: 5 a.m./5 p.m.)

All Day Care Site my child will attend on October 19, 2018(circle one): Deer Park United Methodist Sykesville Fire Hall

My Children (Please Circle): Will Attend the Field Trip Will Not Attend the Field Trip

Mt Airy area only: My child will use transportation from Parr's Ridge Elementary (Please Circle): Yes No

(Child's Name) (Grade) (Child's Name) (Grade)

(Parent Signature and Date) Printed Name

(Telephone/cell number) Email Address

I understand that **payment for the All Day Care day and for the field trip, if applicable, must be made with registration** in order for my child to attend. **Payment may be attached to this registration form or called into the office.** Furthermore, I understand that by responding yes, parents/guardians are responsible for paying all fees, whether or not the registered child/ren attend all the events, if not cancelled by the due date listed. In addition I authorize ABC Care to care for and transport my children as needed for the All Day Care and Field Trip listed above or to an alternate site should my child not be attending the field trip scheduled. If child/ren should be participating on this day as a drop-in, full day drop-in payment will need to be made on that day. Drop-in child/ren are NOT guaranteed All Day Care or Field Trip slots. **NO CREDITS OR CANCELLATIONS AFTER THE DUE DATE.** **Permission slips submitted after the due date will be considered drop-in and will be billed the \$70.00 drop-in rate for the day. There are no refunds due to illness, change of plans and/or inclement weather.

Director use only: Date returned _____ **Director Initials** _____ **Family Schedule Verified by Director** _____