

# TIMONIUM children's center

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[www.timoniumchildrenscenter.com](http://www.timoniumchildrenscenter.com)  
[director@timoniumchildrenscenter.com](mailto:director@timoniumchildrenscenter.com)

## office use only

Registration Fee:\$ \_\_\_\_\_ Deposit:\$ \_\_\_\_\_  
Activity Fee \$ \_\_\_\_\_ (if applic) Total:\$ \_\_\_\_\_  
Check #: \_\_\_\_\_ Monthly Tuition\$ \_\_\_\_\_  
Start Date: \_\_\_\_\_ Daily Rate: \$ \_\_\_\_\_ (if appl)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male or Female

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male or Female

My child will be attending: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ M, W, F \_\_\_\_\_ T, Th \_\_\_\_\_ .

Tuition is paid on the **first day of the month** unless it falls on a weekend and then tuition shall be paid on that Monday of care. If tuition is not received by the 5<sup>th</sup> of the month a **late fee** of \$25.00 will be incurred. When child care begins in the middle of the month the cost is prorated.

I agree to pay a **late fee** of \$10.00 if I pick my child up after 6:00pm and \$20.00 if I am past 6:15 picking up. The late payment fee goes directly to the teacher at time services are rendered. Operating hours are 7:00am – 6:00pm.

The deposit paid is applied to the last month's tuition. **If a decision is made to withdraw from the facility two (2) months written notice must be given in order to receive credit for the deposit.** I acknowledge full tuition is to be paid monthly when the center is closed for a holiday or inclement weather.

I understand if I wish to change the days in which my child attends I must provide written documentation a month in advance of the needed change in enrollment. If an additional day of care is needed I must inform the center the Monday prior to care and pay upon the day services are rendered. I understand I may not switch one day for another in a given week if my child in unable to attend.

Please complete the required parent/guardian information:

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ DL# \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ DL# \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

According to MSDE OCC Regulations we require the following completed paperwork prior to providing care for your child/children:

\_\_\_\_ Heath Inventory \_\_\_\_ Immunization Cert \_\_\_\_ Emergency Form \_\_\_\_ Parent's Guide to Regulated Child Care  
\_\_\_\_ Parent Handbook Agreement \_\_\_\_ Directory/Photo Form \_\_\_\_ All About Me \_\_\_\_ Medical Authorization Form  
\_\_\_\_ Medication Form (if appl) \_\_\_\_ Cot Permission (if appl) \_\_\_\_ Does your child currently have an IEP/IFSP ? yes or no

I understand and accept the above terms and provisions of this contact.

Parent Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_