

TIMONIUM children's center

1850 A- C York RD
Timonium MD 21093
443-275-2903

www.timoniumchildrenscenter.com
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

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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 5th 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 is 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: _____