

MONTGOMERY CHILD CARE ASSOCIATION, INC.

3204 Tower Oaks Blvd. Suite 330

Rockville, MD. 20852

Today's Date: _____ Child's Name: _____

Date of Birth : _____

Center Name: River Rd./Woodacres Parent's Name: _____

Home Phone: _____ Parent's Name: _____

Parent's Address: _____

Work Phone: (parent/guardian) _____ Social Security #: (parent/guardian) _____

Work Phone: (parent/guardian) _____ Social Security #: (parent/guardian) _____

I wish to enroll my child for the following weeks:

Jun 16-20	\$239.00	_____
Jun 23-27	\$239.00	_____
Jun 30-Jul 4	\$239.00	_____
Jul 7-11	\$239.00	_____
Jul 14-18	\$239.00	_____
Jul 21-25	\$239.00	_____
Jul 28-Aug 1	\$239.00	_____
Aug 4-8	\$239.00	_____
Aug 11-15	\$239.00	_____
Aug 18-22	\$239.00	_____

*** Closings- Aug 22nd - Clean-up Day. July 4th in celebration of Independence Day***

In consideration for provision of child care services by the center, I agree to the following policies on fees for my child:

1. Registration Fee: \$ 50.00 (non-refundable).
2. Supply and activity fees are included in the session fee.
3. Parents shall pay a deposit of \$ 239.00. This is held as a **non-refundable deposit** and will be credited to the last weeks registered. For all other weeks, payment is due the first of the month for weeks that start during that month. Payments received after the 10th of the month will be assessed a \$ 15.00 late fee.
4. **Parents shall pay regardless of the absence of the child for holidays, vacations, illness etc.**
5. Notice of withdraw from week, without being held responsible for payment of that session or week must **be made on or before 5/1/08**

Signature of Parent/ Guardian _____ **Signature of Director** _____

Date: _____