



Montgomery Child Care Georgian Forest

3204 Tower Oaks Blvd
Suite 330
Rockville, MD 20852



3100 Regina Drive
Silver Spring, MD 20906
301-871-1272
belpre@mccaedu.org

**PLEASE RETURN AGREEMENT
TO THIS ADDRESS**

Summer Adventures Financial Agreement

Montgomery Child Care Georgian Forest

Child's Name _____ Gender (M) _____ (F) _____

Birth Date _____ Entering Grade _____

Address _____

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Email Address (required for mailing list) _____

Are you currently an MCCA employee who works full time (25 hours or more per week)? Y ___ N ___

I wish to enroll my child for the following weeks:

Summer Adventure Themes (place an "X" for each week selected)	Weekly Rates	Payment Options
June 18-22 Artist ___ June 25-29 Jungle ___ July 2-6 Gardening ___ or ELO* ___ July 9-13 Dance Party ___ or ELO* ___ July 16-20 Winter/Summer ___ or ELO* ___ July 23-27 Trivia ___ or ELO* ___ July 30-Aug 3 Wet and Wild ___ Aug 6-10 Aviator ___ Aug 13-17 CSI ___	The weekly rate is \$160. This includes supplies and activity fees for trips, breakfast and snacks and a Summer Adventures T-Shirt. <i>*The weekly rate is \$100 for MCPS Extended Learning Opportunity Students only</i>	<i>To reserve your child's space, pay a deposit of one week's tuition by May 1.</i> <i>Deposit will be applied to final week.</i> <u>Option 1:</u> Pay balance in full by June 1. <u>Option 2:</u> Pay in 3 installments. June tuition is due by June 1, July tuition is due by July 1, August tuition is due by August 1.
Total Number of Weeks _____ @ \$160/week = \$ _____ Total Number of Weeks _____ @ \$100/week* = \$ _____ Total Cost for Summer Adventures (A) \$ _____ Deposit due with agreement (B) \$160 or \$100 New Family Registration Fee (if applicable) \$ _____ Total Amount Due with agreement \$ _____ (to reserve your space by May 1) Balance of Tuition Due* (A-B) \$ _____ (total cost less amount due with agreement)	New Family Registration Fee is: \$75 Center Closings—July 4th—Independence Day August 24th—Clean-up Day	

*See page two for payment options.

Child's T-Shirt Size: Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___

CHILD'S NAME _____

In consideration for the provision of Summer Adventure program child care services, I agree to the following policies, terms and conditions for the program and my child:

1. Space will not be held unless a deposit of one week's tuition (\$160.00 or \$100.00) is received prior to May 1st.
2. Two payment options are available for program payments. Payment balances must be paid in full according to the terms of the payment option for participation in the program:
 - *Option 1 – Pay balance of program tuition in full by June 1.
 - *Option 2 – Pay balance of program tuition in three installments due on June 1, July 1 and August 1.
3. Families new to MCCA are required to pay a one-time, non-refundable \$75.00 registration fee.
4. No refunds will be made for child absences due to holidays, vacations, illness, etc. or for voluntary withdrawals and cancellations after May 1. Changes to confirmed enrollment after May 1 will be accommodated on a space available basis. MCCA reserves the right to close registration for full sessions and cancel under-enrolled sessions.
5. Prior to the first day of Summer Adventures, you will receive an Enrollment Packet which includes: All About Me Child Information Form, Emergency Form, Health Inventory, Medication Authorization, Immunization Certificate Child Care Enrollment Form and Late Policy Fee Form. All forms must be completed and turned into the Center Director prior to the first day of Summer Adventures.
6. Late pick up will be subject to additional fees per MCCA's late pick up policy. See Late Fee Policy in Enrollment Packet.
7. A \$30.00 fee will be charged if a bad check is posted to MCCA. If a second check is also returned, future payments must be made by money order, bank check or cash.
8. I give permission for MCCA to use any photos/video taken during the summer program in which myself or my child may appear. MCCA is further given permission to use these photos/video in print (on advertisements or marketing materials) or on the MCCA website (www.mccaedu.org) or other MCCA affiliated or sponsored websites.
9. I assume the risk of all activities in which my child engages on or off the premises with the understanding that all reasonable efforts will be made to avoid accidents.
10. I understand that staff uses outside professionals to advise on the best ways to work with children and I give permission to the staff if required to seek outside advice concerning my child's development and behavior.
11. MCCA reserves the right to alter the terms and conditions of the program and this agreement. This agreement supersedes all previous agreements and understandings.

This contract and any other disputes shall be interpreted and resolved according to the laws in the state of Maryland.

CHILD CARE ADMINISTRATION INFORMATION & REGULATIONS:

12. I agree my child will be included in all off-grounds activities such as excursions, picnics, swimming, and visits to institutions. I agree my child may ride on the bus on trips relating to the center.
13. A copy of the Dept. of Human Resources Code of MD. Reg. 07.04.02 Child Care Center Licensing Manual is available in the center office.
14. A copy of the DHR/CCA publication, A Parent's Guide to Regulated Child Care is available in the center office, classroom, and MCCA office.

Payment Information

Step 1:

Amount Due with Agreement (from page one) \$ _____

Payment by: Check _____ Cash _____ Checking Account _____ (voided check must be attached) Visa/MasterCard _____ (see below)

Step 2:

Choose an Option for Payment of Tuition Balance

Option 1: Pay tuition for all weeks by June 1st \$ _____ (total balance of tuition due from page one)

Option 2: Pay in 3 installments: \$ _____ (total balance of tuition due from page one)

Due by June 1:	\$ _____	(#June weeks x \$160)	(Subtract deposit
Due by July 1:	\$ _____	(#July weeks x \$160 or \$100)	from final week
Due by Aug 1:	\$ _____	(#Aug weeks x \$160)	selected)

Payment by: Check _____ Cash _____ Checking Account _____ (voided check must be attached) Visa/MasterCard _____ (see below)

Step 3: (if applicable):

Credit Card Information

Visa MasterCard _____ (Credit Card Number) _____ / _____ month/year

I hereby authorize Montgomery Child Care Association Inc. to make my periodic payment on my behalf from the checking, or credit account listed above and transfer it to Montgomery Child Care Association Inc. I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify Montgomery Child Care Association Inc. Change of payment method will not affect the terms of my contract.

Payment Authorization Signature _____ Date _____

Your child's enrollment is not confirmed until you receive written notification from MCCA. You will be notified within seven business days of receipt of financial agreement and payment by the MCCA administrative office.

*How you would like to receive your correspondence from our billing office? Email _____ Mail _____

I agree to abide by and accept the terms of this agreement.

Signature of Parent/Guardian _____ Date _____