



PLAY CENTERS, INC.
School-Age Child Care & Education
 2414 East Joppa Road ~ Parkville, MD 21234-2926
 Phone: 410-296-4880 • Tax ID: 52-1259566
 Web: www.playcenters.org
2022-2023 SCHOOL YEAR
 Enrollment Agreement

Director's Use Only						
\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
(EnrFee)		(Deposit)		(1 st Month)		(Total Due)
Amount of Payment: \$ _____						
Form of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> MO # _____						
<input type="checkbox"/> 1-Time Charge (Form Attached) <input type="checkbox"/> NEW Autopay (Form Attached)						
Date Received: ____/____/____ Director's Initials: _____						
Date Processed: ____/____/____ AR Initials: _____						

Start Date: ____ / ____ / ____

Child #1: _____	D.O.B. ____ / ____ / ____	Grade _____	Director's Use Only Group ____ Tuition=\$ _____
School: _____	Before School (BS): <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Drop-In (DI) <i>(Please check days needed.)</i>		After School (AS): <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Drop-In (DI) <i>(Please check days needed.)</i>
Child #2: _____	D.O.B. ____ / ____ / ____	Grade _____	Director's Use Only Group ____ Tuition=\$ _____
School: _____	Before School (BS): <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Drop-In (DI) <i>(Please check days needed.)</i>		After School (AS): <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Drop-In (DI) <i>(Please check days needed.)</i>

Program Participation: (NOTE: Priority is given to full-time registrants. 1 day per week enrollment is not available.)
 Do you currently have a child enrolled in a Play Centers, Inc./Play & Learn program? Y/N (Circle one.) Location? _____

Parent/Legal Guardian #1: Mr. Mrs. Ms. Dr. Relationship to child/children: _____
 (NOTE: Parent/Legal Guardian #1 will be the primary contact regarding receipts, statements, and any AR matters.)
 Name _____ Address _____ City _____
 State _____ Zip Code _____ Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 Email Address _____
 Employer _____ Work Phone (_____) _____ - _____
 (P.O. boxes are not accepted.)

Are you an active member of the military? Y / N

Parent/Legal Guardian #2: Mr. Mrs. Ms. Dr. Relationship to child/children: _____
 Name _____ Address _____ City _____
 State _____ Zip Code _____ Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 Email Address _____
 Employer _____ Work Phone (_____) _____ - _____

Are you an active member of the military? Y / N

Play Centers, Inc. accepts all major credit cards and checks for monthly tuition payments.
 Tuition payments via credit card may be made online at myprocare.com, via telephone or automatic payments may be setup.
 A \$100.00 Non-Refundable deposit is due upon enrollment.
 Each family must pay a \$50 registration fee with the return of this contract.
 The first payment is due August 1st and subsequent payments are due the 15th of each month, beginning September 15th and ending May 15th.
 Any remaining deposit monies will be applied to the May 15th payment.
 On the 17th day of each month a late fee of \$25 will be applied to your account.
 Non-Payment will result in denial of care.
 All changes in enrollment for the following month must be received in writing by the 12th day of the current month.
 Monthly tuition payments remain the same regardless of holidays, Winter Break, Spring Break, inclement weather, vacation, illness, pandemic or acts of nature.

I acknowledge the following must be completed before my child can attend the Play Centers, Inc. Program.

- Emergency Form completed and signed for each child.
- Health Inventory completed and signed by parent/guardian and child's health care provider for each child.
- Medication Administration Authorization Form (if applicable).
- I have read and reviewed the **Guide to Regulated Child Care** issued by the Maryland State Department of Education.
- I have read and agree to abide by all policies set forth in the Play Centers, Inc. **Parent Handbook**.

Questions? Contact the Accounts Receivable (AR) Department at 410-296-4880, email arcoordinator@playcenters.org, or fax to 410-296-6153. Play Centers, Inc. reserves the right to cancel and/or modify this contract at any time. Play Centers, Inc. is not responsible for any action, decision, or error on the part of the U.S.P.S., financial institutions, or child care reimbursement programs.

I (We) have read and understand the above information and I (we) agree to the terms set forth here. I (we) hereby certify that the information contained in this contract is true and accurate and that my child is/will be an enrolled student at the school location where I am requesting care. I understand that the information provided on this Contract will only be released to those individuals whose signature appears below. It is the responsibility of all parties listed to keep their account information up-to-date.

Parent/Guardian #1: _____ Signature (Seal) _____ Print _____ / ____ / ____ Date

Parent/Guardian #2: _____ Signature (Seal) _____ Print _____ / ____ / ____ Date