

Play Centers, Inc. 2414 E. Joppa Rd. Parkville, MD 21234

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## Welcome to Play Centers, Inc.

Play Centers, Inc. is a not-for-profit, privately operated organization that offers quality child care to children ages six weeks through thirteen years of age. We currently operate 5 preschool programs and 13 school-age centers throughout Baltimore County, Anne Arundel County, and Baltimore City. We look forward to building a relationship with you and your family.

The following information has been provided to make the registration process easier. Play Centers, Inc. enrolls children on a first come-first serve basis.

### **Forms**

# ALL OF THE FOLLOWING FORMSMUST BE COMPLETE AND SUBMITTED WITH YOUR ENROLLMENT AGREEMENT CONTRACT.

Play Centers, Inc. will accept copies of your child's health forms. Enrollments submitted without all of the required paperwork will be returned in their entirety. Please allow at least 5 business days to process your enrollment prior to beginning the program.

On the <b>LEFT</b> side of our Enrollment Packet, you will find the following items:		
☐ Center Director's Business Card	☐ Media and Internet Release Form	☐ Sick Child Policy
☐ Welcome Letter	☐ Activity Permission Slip	☐ Parent Handbook (please download
☐ "A Parent's Guide to Regulated Child	☐ Homework Club Contract	from our website)
Care"	☐ Electronics Agreement	☐ Parent Handbook Agreement
☐ Emergency Form	☐ Positive Guidance	☐ Emergency Closing Policy
☐ All About My Child	☐ School-Age Expectations Agreement	☐ Text Alerts Flyer
On the RIGHT side of our Enrollment Packet, you will find the following items:		
☐ AR Coordinator's Business Card	☐ Email Request Form	Allergy Action & Medication Form
☐ Scholarship Flyer	☐ Health Inventory Compliance Form	Asthma Action & Medication Form
☐ Verification of Military Status Form	☐ MSDE-OCC Health Inventory	Seizure Medication Form
☐ Enrollment Agreement Contract*	□ Lead Test Form	All Other Medications Administration
☐ Online Portal Flyer	□ DHMH Immunization Certificate	Form
☐ Automatic Payment Agreement Form	☐ Medical Alert Form	Topical Products Authorization
☐ 1-Time Payment by Credit Card Form	☐ Special Health Condition Form	
*Enrollment Agreement Contract		
ALL INFORMATION MUST BE COMPLETE IN ORDER FOR YOUR CHILD TO BEGIN OUR PROGRAM.  We require re-registration each year.		

# Parent/Guardian #1 and #2 information

First and Last name

Complete Address (P.O. boxes are not acceptable)

Phone Numbers are very important, please provide accurate and working numbers to be reached in an emergency.

#### **Enrollment Fee/Deposit/Rates**

A non-refundable \$50.00 Enrollment Fee per family.

A non-refundable \$100.00 Deposit per child.

We offer a variety of enrollments, so please call our Main Office for tuition rates.

Contracts received with insufficient monies or with incomplete information will be returned in their entirety without being processed.

Please read our financial policies very carefully before you sign, date, and return the contract. Our contract is legally binding, and it is extremely important that you read it in its entirety. You will receive a copy of the contract as confirmation of your child's enrollment. Questions about our financial policies? Contact our Accounts Receivable Department at 410.307-1425.