



PO Box 32453
 Baltimore, MD 21282
 info@kidsplacebaltimore.org
 410-484-6220 (Phone)
 410-602-8869 (Fax)

Registration Form

Child 1 Information

Full Name: _____

Birthdate: _____ Grade: _____

Does your child have a special need/IEP/504? YES NO

If yes, will you provide Kids Place with a copy of the IEP or 504 in order to best meet your child's needs? YES NO

Child 2 Information

Full Name: _____

Birthdate: _____ Grade: _____

Does your child have a special need/IEP/504? YES NO

If yes, will you provide Kids Place with a copy of the IEP or 504 in order to best meet your child's needs? YES NO

Parent / Guardian 1 Information (Responsible for payment)

Parent/Guardian Name: _____ Email: _____
First Last

Address: _____
Street Address City ZIP Code

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Parent / Guardian 2 Information

Parent/Guardian Name: _____ Email: _____
First Last

Cell Phone: _____ Work Phone: _____ Home Phone: _____

School / Days of Attendance

School: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

We will contact you to arrange a start date for your child/ren once all required paperwork has been received and processed.

General Terms

By signing below, I state that I understand and agree to the following:

- I can access "A Parent's Guide to Regulated Child Care" posted at the center or online at kidsplacebaltimore.org.
- I give permission for Kids Place to take pictures of my child. I understand that these pictures may be posted at the center or used in Kids Place publications.
- I agree to abide by the policies set forth in the Kids Place Parent Handbook which can be accessed online at kidsplacebaltimore.org. Important policies described are Medication, Closings, Sick Child, Behavior Guidance, and more.

Print Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY Date Received: _____ Confirmation Email Sent: _____

_____ Payment Received _____ Paperwork Complete

_____ Missing Paperwork Requested _____ Start Date Communicated Start Date: _____



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Enrollment Agreement

Financial Terms

I understand and agree to the following:

- All tuition is due by the first of each month.
- I will be charged \$15.00 for any tuition received after the fifth of the month.
- Failure to keep monthly payments up to date can result in denial of participation in the program.
- Checks and credit cards returned for any reason will be re-billed to my account with a \$25.00 NSF charge.
- The specific days I have chosen upon registration are non-transferable.
- Refunds are not given for days absent, school vacations, suspension, and inclement weather.
- I must call the Kids Place Office with two weeks' notice of my intent to withdraw my child. I am responsible for payment of tuition during these last two weeks.
- I will notify the Director before the start of the after school program if my child will not be attending after school when he/she is scheduled. A \$5.00 fee will be charged each time I fail to notify Kids Place of my child's absence.
- I will be charged a late fee of \$1.00 per minute if I (or the authorized pickup person) arrive after the center's designated closing time. I agree to pay the fee at the center within 24 hours. Repeated late arrivals may result in denial of participation in the program. There will be no tuition credit for the suspension period.
- If, for any reason, I am called to pick up my child, he/she must be picked up within 45 minutes. I will be charged a late fee if the child is not picked up within 45 minutes of notification.

Payment Options / Procedures

In order to begin the enrollment process, return the Registration Form, Enrollment Agreement, and a non-refundable registration fee of \$60 per child. Families choosing Option 3 below must also include a deposit of \$100 per family. We offer three monthly payment options.

Option 1 – Online Bill Pay through monthly email link (not available for registration fee and deposit)

Option 2 – Automatic Payment (bank or credit card – complete information below)

Option 3 – Check or Money Order (mailed to PO Box) **Requires a \$100 deposit**

I choose to use Option _____ (2 or 3) to pay the registration fee and deposit

I choose to use Option _____ (1, 2, or 3) to pay the monthly fee

I hereby authorize Kids Place Baltimore, Inc. to initiate credit card charges or debit entries to my bank account as indicated below.

Name (on credit card or bank account) _____ Address _____ Zip Code _____

Signature (of card/account holder) _____ Date _____ Phone Number _____

Credit Card	_____	Banking	_____
	Credit Card Account Number		Bank Account Number
	_____		_____
	Exp. Date CVV Code		Routing Number

Parent / Guardian 1 (Responsible for payment)

I have read the above and agree to its terms by signing below.

Print Full Name(s) of Child/ren: _____

Print Parent Name: _____ Parent Signature: _____ Date: _____