



9751 Hawkins Creamery Rd. Gaithersburg, MD 20882
 Office (301) 253-6864 | Fax (301) 253-6311
director@childrenscenterdamascus.com
 License # 251506

School Age ENROLLMENT AGREEMENT – Clearspring _____ - _____ School Year

This Enrollment Agreement is made between Children's Center of Damascus, and _____
 (Parent/Guardian), in consideration of the mutual promises set forth below.

Child's Name (first, middle initial, last) _____ Child's First Day _____ Grade _____

Student Information/Permissions:

DOB: _____ Allergies / Medical Conditions / Other: _____

Program Choices
• Before and After Care
• Before Care Only
• After Care Only
• Summer Camp

Program Choice: _____
 Monthly Tuition Rate: \$ _____
 Less Sibling Discount (if applicable): \$ _____
 Total Monthly Tuition: \$ _____

Elementary School: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

- Requests for additional days outside your schedule must be made a minimum of 24 hours in advance. Requests will be granted, space permitting, and can be denied.
- Must adhere to the schedule you provide. Variations in drop off and pickup times must be cleared with the office first.

	Initials
• I give CHILDREN'S CENTER OF DAMASCUS permission to transport my child in its van, bus or any other mode of transportation operated by CHILDREN'S CENTER OF DAMASCUS or parties approved by CHILDREN'S CENTER OF DAMASCUS . This includes the need to transport in the event that an emergency evacuation is warranted.	
• I give CHILDREN'S CENTER OF DAMASCUS permission to photograph or videotape my child with the intent to use these materials for promotional, advertisement or educational purposes without compensation to me or my child.	
• I give CHILDREN'S CENTER OF DAMASCUS permission to photograph or videotape my child with the intent to use these materials for the child developmental portfolio, the parents' daily report, publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.	
• I give CHILDREN'S CENTER OF DAMASCUS permission to take my child outside daily as part of the scheduled curriculum.	
• I give CHILDREN'S CENTER OF DAMASCUS permission to put sunscreen on my child, which I have provided.	
• I give CHILDREN'S CENTER OF DAMASCUS permission to monitor my child through a closed-circuit security system operated by CHILDREN'S CENTER OF DAMASCUS or parties approved by CHILDREN'S CENTER OF DAMASCUS .	
• I give CHILDREN'S CENTER OF DAMASCUS permission to use baby wipes, diaper rash ointment and/or other accoutrements on my child, which I have provided.	



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<ul style="list-style-type: none"> My child has permission to sleep in a crib until the age of 12 months and a cot after the age of 12 months unless otherwise requested in writing. 	
<ul style="list-style-type: none"> I acknowledge that I have access to the consumer education brochure as entitled "A Parent's Guide to Regulated Child Care" as issued by the Maryland State Department of Education and available through their public website at http://earlychildhood.marylandpublicschools.org/families. 	
<ul style="list-style-type: none"> I understand non-dander producing small pets (those without feathers or fur) may be present in the classroom. 	
<ul style="list-style-type: none"> I understand children who exhibit the following signs or symptoms of illness are required to be picked up or remain home until they are symptom-free for 72 hours unless a licensed physician has cleared your child of being contagious, in writing: <ul style="list-style-type: none"> • Axillary/Temporal Temperature of 99.4 degrees or higher • Evidence of lice infestation • Skin rash • Any contagious disease or condition • Diarrhea and/or vomiting one or more times in the same day • Cough / Shortness of Breath • Any symptom of COVID-19 as defined by the CDC 	

Financial Terms and Conditions

- I agree to pay a non-refundable application fee of \$50 at time of enrollment. If I withdraw my child, his/her classroom assignment may be filled by someone on the waiting list. If I choose to re-enroll, an opening will need to be available, and I agree to pay a new application fee. Additionally, I agree to pay a re-registration fee of \$50, on or about February 1st of each year. Payment of this non-refundable re-registration fee in February, along with a security deposit, will also secure the child's spot for the fall academic school year.
- I agree to pay a monthly tuition rate of \$_____. This rate is subject to change and will be adjusted due to tuition increases upon thirty (30) days' prior written notice or scheduled program changes. I agree that all tuition payments will be set up via autopay through Brightwheel. I agree to pay a security deposit of \$_____.
- If there is an outstanding balance on my account at the close of business on the 7th day of the month, I agree to pay a late charge of 10% of the outstanding balance. I agree to pay my account in full by Friday of that week. If my account is not paid in full by Friday, suspension of care may result, without further notice.
- A 10% Family Discount will be applied to the oldest child or lowest tuition rate.
- I agree to pay for any incidental fees related to my child's enrollment at **CHILDREN'S CENTER OF DAMASCUS** or receipt of services. For example, I agree to pay all fees related to field trips and activities, including summer activities. I agree to pay such incidental fees in advance, but not later than on the next date on which tuition payments are due.
- I agree to pay tuition on the 1st day of each month that childcare is provided for my child. There is no tuition deduction for illness, holidays, an annual **CHILDREN'S CENTER OF DAMASCUS** staff development day, or when **CHILDREN'S CENTER OF DAMASCUS** is closed due to weather-related emergencies, acts of God or other circumstances beyond **CHILDREN'S CENTER OF DAMASCUS'S** control, including but not limited to power, gas or water outages, and states of emergency.
- Children attending part-time **may not** alternate their days. Additional charges will be assessed at the daily drop-in rate if I wish for my child to attend any day other than their assigned days.
- Additional fees may be assessed for school closings, delayed openings or early dismissal days and for, including but not limited to, transition weeks from the academic school year to summer and from summer into the academic school year for school-aged children.
- Should a check be returned for insufficient funds, a fee of \$35.00 will be assessed to my account. If more than two checks are returned within a six-month time period due to insufficient funds, payment must be made by certified check or money order for a period of six months.
- Payment transactions by credit card or debit card will be assessed a surcharge of 2.9% per credit card transaction.



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- Children picked up after 6:00 p.m. are charged a late pick up fee of \$2.00 per minute per child. This charge appears on the following month's bill. In the event you will be unable to meet Your Child by 6:00 p.m., you agree to notify the Center's staff and to inform the staff of an alternate pick-up person. In the event the Parent is late in picking up the Child on more than two consecutive occasions or a total of four non-consecutive occasions, the Parent agrees to attend a conference with the Director of the Center to develop a new pick-up schedule for the Parent so that the Parent will be able to abide by the Center's closing schedule. This fee will be paid to **CHILDREN'S CENTER OF DAMASCUS** at the time I pick my child up after normal operating hours. If my child is in care more than 15 minutes after closing, every attempt will be made to locate the emergency contacts. **If a contact cannot be located within one hour, Child Protective Services may be contacted.**
- In the event I elect to change my child's program or withdraw my child from **CHILDREN'S CENTER OF DAMASCUS**, I agree to provide **2 weeks advance written notice** to the Director. I understand my last 2 weeks of tuition will be paid by my security deposit. In the event my security deposit does not cover the balance due, I agree to pay any outstanding balance before my child's last day of care.
- I agree that if my account balance remains unpaid for thirty (30) days, I will be assessed a finance charge of 1½% per month on the amount outstanding. If any payment or other charge is not made when due, in addition to other remedies available to **CHILDREN'S CENTER OF DAMASCUS**, **CHILDREN'S CENTER OF DAMASCUS** reserves the right to take legal action to collect all charges due, and may also recover legal fees, court costs, administrative fees for collections, and related expenses incurred by **CHILDREN'S CENTER OF DAMASCUS**.
- **CHILDREN'S CENTER OF DAMASCUS** reserves the right to immediately dis-enroll a child in its sole discretion: (1) for inappropriate conduct (as determined by **CHILDREN'S CENTER OF DAMASCUS**) by the child or parent; (2) when tuition is in arrears, or (3) if the parent does not provide, upon written request, a current written pediatrician's certification that a child is healthy and able to participate in **CHILDREN'S CENTER OF DAMASCUS'S** programs without exposing other children to health risks.
- The Center will be closed in observance of the following holidays: New Year's Day, Martin Luther King Day, President's Day, Good Friday Easter Monday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, Friday immediately following Thanksgiving Day, Christmas Eve through New Year's Day (12/24 – 1/1). Should one of the holidays fall on a Sunday, **CHILDREN'S CENTER OF DAMASCUS** will be closed the following Monday. Should one of the holidays fall on a Saturday, **CHILDREN'S CENTER OF DAMASCUS** will be closed the Friday prior. **CHILDREN'S CENTER OF DAMASCUS** will hold 2 annual staff development days: one at the end of each school year and one at the end of each summer session. These dates will vary each year and will be communicated 30 days prior. There are no reductions or prorating in weekly tuition rates due to these closings.
- **CHILDREN'S CENTER OF DAMASCUS** does not condone and will not accept liability for care services provided by outside standard **CHILDREN'S CENTER OF DAMASCUS** business hours or non **CHILDREN'S CENTER OF DAMASCUS** locations.
- I, for myself and my successors and assigns, as parents, legal guardians or authorized custodians of my child, hereby release **CHILDREN'S CENTER OF DAMASCUS** and each of its successors, affiliates, employees, and representatives from all claims, suits, losses, liabilities and judgments of whatever kind arising from or related to or in connection with my child's enrollment with **CHILDREN'S CENTER OF DAMASCUS** including, without limitation, any loss or injury sustained by my child or myself as a result of my child's participation in activities sponsored or conducted by **CHILDREN'S CENTER OF DAMASCUS** and/or its employees, excluding only intentional torts performed by an employee of **CHILDREN'S CENTER OF DAMASCUS** during the time my child is in the care and custody of **CHILDREN'S CENTER OF DAMASCUS**.



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I, _____, have read, understand and agree to all enrollment agreement terms and conditions, including the additional terms and conditions on the reverse. This Agreement is subject to change by **CHILDREN'S CENTER OF DAMASCUS** upon thirty (30) days' notice.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Children's Center of Damascus, LLC _____ Title _____

For Office Use Only

Registration Fee Paid \$ _____ Deposit Paid \$ _____

Enrollment Forms Returned:

- Enrollment Contract
- Enrollment Agreement
- Health Inventory
- Immunization Record
- Emergency Card
- Medication Authorization (if applicable)
- Allergy Action Plan (if applicable)
- Asthma Action Plan (if applicable)
- Other

