

For Office Use Only:
Payment Method & Received _____ Amount _____
Confirmed _____ Entered _____

Registration for Before/After Care

2015-2016 Before/After School Care

To register your child/children for CORCS Before/After Care, please do the following:

1. Fill out this registration form completely.
2. Attach the registration fee of \$50 per family. If registration is made after September 8, 2015 also include the first month's tuition.
3. Mail this registration form with your payment to CORCS, 19425 Woodfield Road, Gaithersburg, MD 20879, or drop it by the school office.

We will send you a confirmation of enrollment when we receive your registration form and payment. At that time you will also receive forms that must be completed prior to starting at CORCS Before/After Care. If you have any questions, please call our Main Office 240-238-1500.

1st Child's Name _____

Date of Birth ____ / ____ / ____ Grade in Fall of 2015 ____ Boy Girl

2nd Child's Name _____

Date of Birth ____ / ____ / ____ Grade in Fall of 2015 ____ Boy Girl

Home Address:

Street _____

City _____ State _____ Zip _____

2 numbers to reach you:

Check Person(s) authorized to pick up child: Mother Father Guardian (please include name) Other (please include name)

Mother/Guardian Name

Address (if different from child)

Home Phone # _____ Cell Phone # _____

Daytime Phone # _____

E-mail _____

Father/Guardian Name _____

Address (if different from child)

Home Phone # _____

Cell Phone # _____

Daytime Phone # _____

E-mail _____

Guardian Name/other

Address

Home Phone # _____ Cell Phone # _____

Daytime Phone # _____

E-mail _____

*Note:A valid email address is needed to receive quarterly newsletters, reminders, invoices, weather alerts and closings electronically.

Person responsible for payment of fees _____

Does your child/children have any allergies? (Nuts, bees, cheese, etc.)

No Yes If yes, explain below:

Does your child/children have any medical/physical limitations? If so, explain:

1st. Child	2nd Child	Before Care Only 6:30am to 8:10am	Is Before care Needed	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Please note, there is only one option for before care.

1st Child	2nd Child	After School Care Only 3:45pm until 6:00pm	Circle Day(s) Needed
<input type="checkbox"/>	<input type="checkbox"/>	1 day per week at \$60 per month	M T W Th F
<input type="checkbox"/>	<input type="checkbox"/>	2 days per week at \$120 per month	M T W Th F
<input type="checkbox"/>	<input type="checkbox"/>	3 days per week at \$200 per month	M T W Th F
<input type="checkbox"/>	<input type="checkbox"/>	4 days per week at \$240 per month	M T W Th F
<input type="checkbox"/>	<input type="checkbox"/>	5 days per week at \$300 per month	M T W Th F
<input type="checkbox"/>	<input type="checkbox"/>	30 minutes per day at \$100 per month	

Drop In Care is \$18 per regular school day; \$23 for half days (12:00pm to 6:00pm)

**After Care dismisses promptly at 6:00pm. Pick up at 6:00pm are subject to \$1 per minute fees. If the fees are not paid when your child is picked up, it will be attached to your school account.

Parent-Center Contract

2015-2016 School Year

Child's Name: _____

Child's Name: _____

I understand that by signing this contract, I agree to abide by the following policies and procedures, as well as those listed in the CORCS Parent Handbook. I also understand that failure to adhere to these policies/procedures could result in the dismissal of my child/children from the CORCS Before/After Care program. I understand that photographs of my child may be taken for keepsakes, group projects and occasional promotional usage.

Tuition is based on an annual fee and is payable in 10 monthly installments. No credits or refunds are issued for missed days.

I agree to pay my tuition by the 15th of each month prior to the month of service.

Tuition that has not been paid by the first day of the month of service will jeopardize the enrollment status of my child (children). I further understand that my child will not be readmitted to the program until space is available and all fees, including late fees, have been paid. In addition, I shall be responsible for any attorney or collection fees required to collect unpaid tuition and/or any other outstanding charges which may include late tuition fees, late pick-up fees, or optional activity fees.

Signature _____

