

Payment Method & Received \_\_\_\_\_ Amount \_\_\_\_\_

Confirmed \_\_\_\_\_ Entered \_\_\_\_\_

## 2017 - 2018 Registration

### 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 5, 2017 include the first month's tuition.
3. Mail or drop off registration by the school office with your payment to:

CORCS  
19425 Woodfield Road  
Gaithersburg, MD 20879

We will send you a confirmation of enrollment when we receive your registration form and payment. At that time you will 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

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Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in Fall of 2017 \_\_\_\_ [ ] Boy [ ] Girl

2nd Child's Name

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Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in Fall of 2017 \_\_\_\_ [ ] Boy [ ] Girl

Home Address:

Street

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3rd Child's Name

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Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in Fall of 2017 \_\_\_\_ [ ] Boy [ ] Girl

Home Address:

Street

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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**Mother**/Guardian Name

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Address (if different from child)

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Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

**Father**/Guardian Name

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Address (if different from child)

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Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

**Guardian** Name/other

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Address

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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:

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

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1st. Child [ ]	2nd Child [ ]	3rd Child [ ]	Before Care Only 6:30am to 8:10am \$200/month Drop in \$20/ day	Is Before Care Needed [ ] YES [ ] NO
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**\*Please note, this is the only option for before care.**

1st Child [ ]	2nd Child [ ]	3rd Child [ ]	After School Care Only 3:45pm until 6:00pm	Circle Day(s) Needed
[ ]	[ ]	[ ]	1 day per week at \$65 per month	M T W Th F
[ ]	[ ]	[ ]	2 days per week at \$125 per month	M T W Th F
[ ]	[ ]	[ ]	3 days per week at \$220 per month	M T W Th F
[ ]	[ ]	[ ]	4 days per week at \$265 per month	M T W Th F
[ ]	[ ]	[ ]	5 days per week at \$330 per month	M T W Th F
[ ]	[ ]	[ ]	30 minutes per day at \$100 per month	

Drop In Care is \$20 per regular school day; \$30 for half days (12:00pm to 6:00pm)

Parent-Center Contract  
2017-2018 School Year

Child's Name: \_\_\_\_\_

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.

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

**Monthly Child care costs will be added to your FACTS or RenWeb account.** Child care costs 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 full. 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.

After Care dismisses promptly at 6:00pm. Pick up after 6:00pm are subject to a **\$3 per minute fee**. If the fees are not paid when your child is picked up, it will be attached to your school account.

Signature \_\_\_\_\_ Date: \_\_\_\_\_