



**5808 Johnnycake Rd Woodlawn, MD 21207**

**2016-2017 After School Care Registration Contract**

**Primary Parent** \_\_\_\_\_ **Child's Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **START DATE** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ - \_\_\_\_\_ **(W)** \_\_\_\_\_ - \_\_\_\_\_

**Email** \_\_\_\_\_

**Secondary Parent** \_\_\_\_\_

**Address** (if different from primary) \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ - \_\_\_\_\_ **(W)** \_\_\_\_\_ - \_\_\_\_\_

**Email** \_\_\_\_\_

**What school will your child attend?** \_\_\_\_\_ **Dismissal** \_\_\_\_\_

**Authorization for Emergency Medical Care**

I hereby authorize Emergency Medical Care for my child, if in the judgment of the staff; treatment is required for any injury or illness. I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I will be notified at the earliest possible time.

I understand that I am financially responsible for any medical care or transportation expenses incurred on my child's behalf.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

Karma's Dance Factory Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Financial Contract

My child(ren) will be attending Karma's Dance Factory, Inc., and the fee for that care will be \$\_\_\_\_\_ per month per child. **Automatic payment by credit card is available by completing the form on the back.** I understand that tuition is to be paid on the first of the month, one month in advance of care. There are nine monthly fees of equal amounts beginning September 19, 2016 and ending June 19, 2017. In addition, I understand:

- Payments are to be made online at [KarmasDanceFactory.com](http://KarmasDanceFactory.com) or at the studio.
  - Cash payments are accepted.
  - A late payment fee of \$25.00 will be assessed if payment is not made on time.
  - If the bank returns my check, a \$25.00 fee will be assessed.
  - If my child is terminated due to non-payment, there is a \$50.00 re-registration fee.
- **A two-week written notice is needed to withdraw or make a schedule change. Schedule adjustments requiring a refund will be assessed a \$25 processing fee.**

I will read and abide by the policies set forth in the Parent Handbook. **Among the policies described are Snow Policy, Late Openings, Early Closings, and Fees.** My signature on this contract, along with the **\$50.00 non-refundable fee per family**, indicates my agreement to the terms stated herein.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

Karma's Dance Factory Agent Signature \_\_\_\_\_ Date \_\_\_\_\_