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This Enrollment Agreement (the “Agreement”), effective the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, is between *Bay Country Learning Center* (“School”), an independent private early childcare center located at 190 Admiral Cochrane Drive, Suite 190, Annapolis MD 21401 pursuant to a license from Maryland OCS and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“Parents”)

1. The School’s non-refundable registration fee of $150 shall be paid annually in February and at the time of initial application.
2. Monthly tuition is due on or before the 1st of each month. A $40 late fee shall be charged for any monthly tuition payments received after the 1st of the month. If monthly tuition fees (including any applicable late fees) are not received at the School by the 15th of the month, the child will not be readmitted to the program. If the School is compelled to take legal action to collect unpaid tuition, Parents agree to pay the School’s reasonable attorneys’ fees and costs incurred.
3. A second child in the same family shall receive a 10% discount on the lower of the two tuitions.
4. Monthly tuition fees are non-refundable or pro-rated regardless of holidays, illness, vacation, inclement weather days or “Acts of God.” This includes self-quarantines and school or classroom closures due to pandemic or due to travel advisories as a result of a pandemic. The School will make reasonable efforts to open in inclement weather; however, the School may choose to close at the discretion of the School’s Administration. Parents should call the School voicemail regarding closings if an alert has not been sent via Brightwheel.
5. This School is closed on the following days:
6. The School will open at \_\_\_7\_\_\_ a.m. and close at \_\_\_6\_\_\_ p.m. A fee will be charged for any child not picked up before the School’s regular closing time. This charge shall be $15 per child for the first 15 minutes and an additional $15 per child per 5 minute period thereafter. Fees for late pick-up are payable immediately; if not paid, the child will not be readmitted to the program. Consistent lateness will be cause for the child’s dismissal from the School. A fee of $50 will be charged for checks returned by the School’s bank.
7. The School requires a 30 day written notice of withdrawal. If 30 days advance notice of withdrawal is not provided, the standard tuition fee shall be charged for that period.
8. The School reserves the right to deny, cancel, sever or suspend a child’s enrollment at any time if the School, in its sole discretion, deems such action to be in the best interest of the child or the School. In such event, any unused tuition will be refunded.
9. Children may not attend the School while ill. Children who become ill at school must be picked up immediately – refer to the **health policy**. If the child will be absent, the absence should be reported to the School by 9 a.m.
10. Parents acknowledge and agree that representatives of the School will have access to information in children’s files. The School will treat personal information in compliance with applicable state and federal law.
11. Please circle: BCLC **does / does not** have mypermission to use my child’s still image (picture) or video clip on Bay Country’s Social Media platforms: Facebook and Instagram
12. BCLC has mypermission to take my child outside daily as part of the scheduled curriculum.
13. BCLC has mypermission to monitor my child through NEST Cameras solely viewed/operated by BCLC.
14. I acknowledge that I have access to the consumer education brochure as entitled" Parents Guide to Regulated Child Care" as issued by the Maryland Department of Education
15. The School’s employees are its most important assets. If Parents hire an employee of the School or a former employee (within 6 months of her employment at the School) for at least 20 hours per week, Parents agree to pay the School a placement fee of $2,500, payable upon hiring.
16. Parents agree not to engage employees of the School for outside childcare services (“Outside Engagements”) unless and until Parents and the employee(s) have informed the School’s director and have signed a release acceptable to the School. Parents further agree that Outside Engagements are not for the benefit or convenience of the School; and Parents hereby irrevocably release and discharge the School, and it’s respective present or former owners, employees, directors, agents,

representatives, parents, subsidiaries, affiliates, heirs, successors and assigns, in their individual and corporate capacities (the “Releasees”), from all claims, demands, liabilities, actions or causes of action whatsoever, arising in law or equity, whether known or unknown, which Parents have, may have or claim to have at any time in the future against the Releasees based in whole or in part on, arising out of or related to any Outside Engagements.

The undersigned Parents have received an executed copy of this Agreement and a copy of the Parent Handbook, which includes the **health policy** referenced in paragraph 9. Parents acknowledge that this Agreement, including all items noted above 1-16, are acceptable and made by and between Parents and Bay Country Learning Center. The undersigned Parents understand the terms of this Agreement and agree to be bound by them.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Signature of Bay Country Admin Date

## OFFICE USE ONLY`

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 1: Name and DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 2: Name and DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 3: Name and DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waitlist Fee Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee Paid $ Date

Desired Date of Enrollment

Program Desired

Current Monthly Tuition Amount \_\_\_\_\_\_\_\_\_\_\_ (subject to change)

A Copy was provided to Parent/Guardian as a receipt \_\_\_\_\_\_\_\_\_\_\_\_