

GLENWOOD COUNTRY DAY SCHOOL
ENROLLMENT AND TUITION AGREEMENT
BEFORE AND AFTER SCHOOL PROGRAM
2019-2020 ACADEMIC YEAR

STUDENT NAME _____ AGE _____

ADDRESS _____

TELEPHONE _____

The undersigned hereby enrolls the Student in Glenwood Country Day School's before and after school program for the 2019-20 school year (Beginning August 2019 to June 2020.)

Tuition: Tuition for the program in the amount of \$_____ is payable in advance and cannot be adjusted or refunded due to the student's absence. A deposit of \$ 250.00 is due at registration and will be used as your June payment. Payment is due on the first day of each month. Should it be necessary to withdraw your child at any point during the year, please give two month's written notice.

Hours of Operation: Monday to Friday- 7:00a.m. to 6:00p.m.

Illness: Please keep your child home for 24 hours after a temperature or if he/she shows contagious signs of cold or illness.

Pick-ups: Due to our extended hours, late pick-ups are not allowed. A charge \$25 for any portion of 6-6:15 then \$1.50 for every minute you are late after that. This is due at the time of the pick-up. Cash should be given to the staff on duty.

Emergency Medical Attention: The undersigned hereby gives his/her consent to Glenwood Country Day School, or any agent acting in its behalf, to secure and provide any medical attention that maybe necessary in the discretion of Glenwood Country Day School for the above-named Student during a period when the undersigned cannot be contacted by telephone. The undersigned further agrees to assume complete financial responsibility for any and all medical expenses incurred on behalf of the Student under the conditions described above. The undersigned covenants that he/she has read the above terms and conditions and fully understands and agrees to abide by all the conditions and terms of this Agreement. Said terms shall be binding upon and inure to the benefit of the undersigned, their heirs, personal representatives, trustees, and successors.

This agreement shall be interpreted under the laws of the State of Maryland.

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STUDENT NAME: _____

Both parents or guardians must personally sign this agreement on both copies. If only one parent signs this agreement, the parent must include a letter stating that the signing parent accepts full financial responsibility for the enrolling student.

Parent Signature Date

Parent Signature Date

Please Print Name

Please Print Name

Address

Address

City, State, Zip Code

City, State, Zip Code