

**Enrollment Contract - August 2024 through August 2025  
School Age Children**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Program Choices	Monday	Tuesday	Wednesday	Thursday	Friday
School Age Before Care Only					
School Age Before & After Care					
School Age After Care Only					

**Please Circle the appropriate response to the following questions:**

PGELC has my permission to photograph/video my child and use those images for purposes within the center.....Yes No  
 PGELC has my permission to photograph/video my child and use those images on the web, handbook and other publications that may circulate outside of the center.....Yes No  
 PGELC has my permission to include my family's information in the school wide directory.....Yes No  
 PGELC has my permission to apply sunscreen (supplied by me).....Yes No  
 If your child has a sunscreen sensitivity please list what type he/she must use \_\_\_\_\_

**Please Initial that you understand and agree to the following:**

- \_\_\_\_ I will provide my own necessary Covid -19 supplies for my child. (Thermometer, masks, daily snacks, lunch (if attending full day), waterbottle, etc)
- \_\_\_\_ I will not send my child if he/she is exhibiting any symptoms of Covid-19 or has had exposure to anyone who is suspected to have Covid-19 or has tested positive.
- \_\_\_\_ I will pick my child up within one hour of being notified if my child requires pick-up for illness.
- \_\_\_\_ I understand that due to the uncertain nature of Covid-19, the OCC regulations may change without prior notification, that affect the nature of care that PGELC provides.
- \_\_\_\_ I understand that if there is a suspected or confirmed positive case of Covid-19, PGELC may need to close for a period of time, to be determined by the Maryland Health Department and Office of Child Care.

\*In the event of inclement weather, please refer to our more detailed policy in the Parent Handbook, but in general we tell everyone to follow the ruling of Baltimore County Public Schools unless we call to notify you of a change. If BCPS is not in session we will make our own ruling.

Return this form to the Director along with appropriate, non-refundable, registration fee of \$100 for one child or \$150 for a family. Please refer to the current rate sheet for details regarding payments. **Please save a copy of this completed form for your records.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

