



**Bar-T Kids Club
2010-2011
REGISTRATION**

Clopper Mill, Rosemont, Sequoyah, Watkins Mill

TO ENROLL:

1. Fill out the entire enrollment packet for each child. Please print clearly and fill in all areas that apply.
2. Attach a \$100.00 per family Registration Fee-paid every year (This fee is non-refundable upon acceptance into the program).
3. Submit this registration packet along with the appropriate fees to the Director of the center. During the summer months, please return directly to:

Bar-T Main Office
806 West Diamond Ave.
Suite 250
Gaithersburg, MD 20878

TUITION

	5 DAYS	3 DAYS (M,W,F)	2 DAY (T,TH)
AM & PM	\$390/month	\$326/month	\$261/month
AM ONLY	\$255/month	\$209/month	\$148/month
PM ONLY	\$362/month	\$286/month	\$203/month

A 10% discount on tuition is given for additional siblings enrolled in the program.

****PLEASE NOTE: OUR PAYMENT SCHEDULE IS AUGUST 1, 2010 – MAY 1ST, 2011
IF YOU ENROLL AFTER AUGUST, TWO MONTHS TUITION WILL BE DUE.**

Already paid registration fee for sibling.

Sibling's Name _____

Parents:
Please indicate the plan of your
choice by checking below.



Bar-T 2010-2011 Registration

For Office Use Only

Dir./Teacher Initials _____

Received Date _____

Payment Type/CK # _____

Entered By/Date _____

BAR-T opens at 6:45am and
closes at 6:30pm

Please check
plan preference:

5 days AM & PM

5 days AM only

5 days PM only

3 days AM & PM

3 days AM only

3 days PM only

2 days AM & PM

2 days AM only

2 days PM only

Drop- In only

A non-refundable Registration
Fee of \$100.00 per family is
required at the time of
enrollment.

Please make checks
payable to Bar-T.

Bar-T Center _____ Start Date _____

Childs Name _____ Boy ____ Girl ____

Birthdate ___/___/___ Grade (Fall of '10) _____

Home Phone _____ Mother ____ Father ____ Both ____
Child lives with:

Address _____

Person who should be contacted first:

Parent/Guardian 1 _____

Is this person financially responsible for the account?
Yes__ No__

Address: (if different from above) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail _____

****Please provide email address to receive important updates and
information**

Person who should be contacted if Parent/Guardian 1 cannot be
reached:

Parent/Guardian 2 _____

Is this person financially responsible for the account?
Yes__ No__

Address: (if different from
above) _____

Home Phone: _____ Work Phone: _____

Person responsible for payment of fees:

(if different from Parent-Guardian 1 or 2, please complete the following):

Address: _____

Home Phone: _____ **Work:** _____

Cell #: _____

Relationship to child: _____

IMPORTANT – PLEASE COMPLETE:

(Parents are always contacted first with emergencies. Please list additional contacts in the event we are unable to reach you).

Emergency Contact: _____

Home Phone: _____ **Work:** _____

Cell: _____

Please list ALL persons authorized to pick-up child including parents/siblings.

You will receive an email confirmation of enrollment within a few weeks after Bar-T receives this enrollment form.

Incomplete applications will delay the processing of your enrollment.

PAYMENT DUE DATES ARE AS FOLLOWS:

August 1st for September	January 1st for February
September 1st for October	February 1st for March
October 1st for November	March 1st for April
November 1st for December	April 1st for May
December 1st for January	May 1st for June

2010-11 Bar-T Enrollment Agreement

1. I understand that there is a \$100.00 Registration Fee per family that is non-refundable once my child has been accepted into the program. No application for enrollment will be accepted without this notice.
2. I understand that the Bar-T Kids Club is open each school day plus the following non-school days: Rosh Hashanah, Yom Kippur, Winter Break, Spring Break, and any professional days for teachers. Bar-T Kids Club is open on snow days, and usually follows the Montgomery County Administrative Offices schedule. Please refer to the Bar-T Parent Handbook for specific dates and information.
3. I understand that I am responsible for the monthly tuition fee which is due one month in advance, and that a late fee of \$30.00 will be applied if payment is received after the 10th. I also understand that my child may be asked to leave the program if I owe a balance for over 30 days. I understand that if I enroll after August 30th, first and second months tuition will be due at that time. I understand that payments are due August first and ends May 1st. No payment will be due in June. I understand that I will be charged a \$40.00 returned check fee. I understand that after two returned checks, Bar-T will no longer accept personal checks and that payment must be in the form of a money order or cashiers check. I understand if I arrive late, I will be charged a fee. All late pick up fee payments must be made directly to the staff, not Bar-T.
4. I understand that I must give at least 2 weeks written notice for withdrawal from the program, during which time I will be responsible for payment of fees.
5. I agree to update my child's file information as outlined in the Parent Handbook.
6. I understand that any absences due to illness, vacation or whatever reason **will not** result in a refund or adjustment of monthly tuition. **Bar-T has no control over emergency school closings, i.e. snow days, code red, etc. that keeps us out of MCPS spaces. No tuition adjustments will be made.**
7. I understand that once my application is accepted, I will receive an email confirmation of my enrollment.
8. I hereby grant to Bar-T and to its employees, agents and assigns the right to photograph or videotape my dependent and use the photo or video and or other digital reproduction of him/her or other reproduction of his/her physical likeness, image or voice for publication processes, whether electronic, print, digital or electronic publishing via the Bar-T website. When images are used Bar-T never provides specific information about any individual or provides any identifying information in that regard.

I agree to adhere to the above stated policies and procedures and understand that failure to comply could put my child's enrollment at risk:

Signed

Date

Print Name