



Quality Time Learning Center
8101 Georgia Avenue, Silver Spring, MD 20910

2019 Summer Program Welcome Letter For Children Completing our 4 Year Old Program and Older

Dear Parents:

Hello and welcome to **Quality Time Learning Center Summer Program for 2019.**

We hope this letter finds you and your family well. As we begin the 2019 season, we would like to welcome all of our new summer families and would also extend a great welcome to each of our returning families. Returning families, please take advantage of our time sensitive weekly discount. More information below.

Please ensure you print and complete registration forms in the main office or from our website and return them before the program begins on **Monday, June 17, 2019.**

All forms are under Forms & Downloads (Summer Program)

- *Summer Program Registration Form and Tuition Contract
- *Emergency Form
- *Permission Slip Approval/Picture Authorization
- *Emergency Contact/Pick-Up Person(s) and Child Release Authorization Form
- *Notarized Forms: Medical Emergency and Custody Cases/Legal Matters
- *Health Inventory and Immunization Record
- * Code of Conduct and All About My Child
- *Bi-Weekly Payment Schedule

When you return your forms please include a school photo of your child for emergency purposes. **Your child may not attend the program unless you have completed your enrollment and medical forms.** Last year's forms are not acceptable forms for your child to attend our 2019 Summer Program.

As always we are looking forward to a safe and rewarding program season.

Sincerely,

Brian Crump
Summer Program Director
Email: briancrump13@gmail.com
info@qualitytimellc.com

(1a)



2019 Summer Program

Permission Slip Approval

My child _____ has permission to attend **ALL field trips** that will be held during the Summer Program. In the event of an emergency, I hereby authorize Quality Time Learning Center to transport the above-mentioned child to the nearest hospital for care. I agree to accept responsibility for all financial expenses incurred. My child may attend field trips throughout the summer. The school owners, directors, teachers, and assistants are released from any obligation in the event of injury.

My child has permission to attend all the field trips using bus/motor vehicle. Yes _____ No _____

My child has permission to attend all walking trips to the destinations close to school. Yes _____ No _____

My child has permission to go into the pool (**Montgomery County Pool**). Yes _____ No _____

In the event my child does not attend the trips, my child will stay at home and will come to school after the trips (**i.e., after 2:00 p.m.**). Children cannot join trips in progress.

From time to time my child has permission to go to local impromptu fields trips that may not be on the schedule.
Yes _____ No _____

Daily, parents will pack lunch in disposable bags to be taken on trips. No refrigeration is provided.

*** If your child is on medication, please prepare one dose with label including child's name, dosage amount, date to be given, name of medication and time to be given for FIELD TRIPS ONLY.**

Mother's/Guardian's Signature

Date

Father's/Guardian's Signature

Date

Picture Authorization

To aid us with our marketing and promotional materials, we are asking parents to cooperate in allowing us to photograph and use pictures for display in brochures, advertising on school related web sites and other promotional material. Additionally, we may display our pictures on bulletin boards.

Below, you will find a consent form allowing us to take pictures to be used for the purposes stated above. Please fill out the consent form and return it to your child's teacher. I, _____, (**give**) (**do not give**) Quality Time Learning Center permission to take a photograph of my child, _____, (none) to be used for the promotional purposes as stated above.

Signature of Parent

Date

(3a)

TURN OVER 

QUALITY TIME LEARNING CENTER
8101 Georgia Avenue
Silver Spring, MD 20910

**EMERGENCY CONTACT, PICK-UP PERSON(S)
AND CHILD RELEASE AUTHORIZATION FORM**

This document is the sole authority for pick-up/release of your child and is in force from **June 17th – August 14th 2019 only.** *The following people are authorized to visit my child at school and to pick-up my child from Quality Time Learning Center:

Child's Name: (First) _____ (Last) _____ **Nick Name:** _____
Address: _____
_____ **Birth Date:** ____/____/____

Parents who fail to confirm with the school their late pick-up before 6:00 p.m. will pay double the normal late pick up fee.

Mother's

Name: _____
Address: _____

Phone: (H) (____)____ - _____
Employer: _____
Phone: (W) (____)____ - _____
Cell Phone: (____)____ - _____

Father's

Name: _____
Address: _____

Phone: (H) (____)____ - _____
Employer: _____
Phone: (W) (____)____ - _____
Cell Phone: (____)____ - _____

(Authorized Pick-Up People Other than Mother and Father)

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone: (H) _____	Phone: (H) _____	Phone: (H) _____
Phone: (W) _____	Phone: (W) _____	Phone: (W) _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
Relationship: _____	Relationship: _____	Relationship: _____

(Please use the back of this form for more names)

In case all above named authorized people cannot pick-up your child, parents must call the school before 5:00 p.m., and provide us the name/s and phone number/s of other alternate pick-up person/s.

Parents are responsible for ensuring that the persons who are authorized to pick-up a child from the Center are aware of their responsibilities, e.g., having picture I.D. at the time of pick-up, and must be 16 years old or older.

(LEGAL AUTHORITIES WILL BE CONTACTED FOR CHILDREN LEFT AT QTLC ONE HOUR AFTER CLOSING THE CENTER, i.e., AT 7:00 P.M.).

Note: For any change in Emergency Contact pick-up person(s), Parent/Guardians are responsible to update the information as soon as changes occur. We must have your updated phone number(s) at all times.

The Center is **NOT** authorized to release the child to the following people.

1. _____
2. _____
3. _____
4. _____

Parent's Signature: _____ **Date:** ____/____/____

***Unless amended in person by the signing parent between June 17th - August 14th, 2019.**

(4b)





TUITION IS ONLY \$225 PER WEEK

WITH 8 OR 9 WEEKS ENROLLMENT – CALL FOR DETAILS: Ms. Dorine @ 301-588-3350.

CHECK ONE:

My complete registration/activity fee enclosed \$.....

At this time it is my best guess that my child will attend the program for _____ weeks.



This year all children 4 years old and above will be required to wear a Summer T-Shirt EVERYDAY!!

PLEASE INDICATE YOUR CHILD'S T-SHIRT SIZE.

My child's T-Shirt size is

Sizes: Small (6-8)_____

Medium (10-12)_____

Large (14-16)_____

(3b)



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2019 Summer Tuition Contract
(Children Completing a 4 Year Old Program or Older)

Tuition for my child _____ is \$ _____ bi-weekly. This rate remains in effect from
June 17, 2019 until August 14, 2019.

1. Payment Information

- Checks and certified funds are acceptable forms of payment. All credit card/merchant payments will incur a \$5.00 convenience fee per transaction either on-line, by telephone, and/or in person. Tuition must be paid according to the attached Tuition Payment Schedule. Tuition not paid according to the Summer Tuition Payment Schedule (TPS) shall incur a late fee of \$30.00 on Wednesday mornings after a due date has expired _____ (Parent's initials) Tuition which is more than two weeks past due may cause your child to be dropped from the program and his/her slot to be allocated to another child. Checks returned by bank for any reason shall incur a \$50.00 returned check charge. _____ (Parent's initials) Future payments may be requested in cash or certified funds.

SUMMER TUITION PAYMENT SCHEDULE

#	Payment Due Dates	Amount to Pay	Weeks Paid
1	June 4, 2019	\$225.00	06/17/19 to 06/21/19
2	June 18, 2019	\$450.00	06/24/19 to 07/05/19
3	July 2, 2019	\$450.00	07/08/19 to 07/19/19
4	July 16, 2019	\$450.00	07/22/19 to 08/02/19
5	July 30, 2019	\$360.00	08/05/19 to 08/14/19

- When possible, all payments should be made directly to the Accounting Office. If any discrepancy exists between your records and our records, please notify the Accounting Office immediately in writing.
- No reduction in tuition is made for illnesses, holidays; weather related emergency closing or for any reason the school may need to close early _____ (Parent's initials)
- The parent is obligated to begin paying tuition on the Contracted Start Date (CSD) and will therefore be invoiced as of the CSD. Should a space not be available on the CSD the Center will refund all monies except the registration fee, unless the Center makes it known otherwise at the time of contract signing _____ (Parent's initials)
- Any monies not paid according to the terms of this contract will be subject to legal action _____ (Parent's initials). If this course of action is taken, you will be liable for all court costs. Collections companies are under contract with Quality Time Learning Center to collect any outstanding debts.

2. Center's hours/ late pick up

- The Center's hours of operation are 7:00 a.m. - 6:00p.m. Parents are requested to be prompt in picking up their child. Your account will be charged a late fee of \$3.00 per minute after 6:00 p.m. until 6:30p.m. Habitual late pick-ups may cause suspension. Late pick-up fees after 6:30 p.m. will be \$5.00 per minute. Late pick-up fees must be paid-in-full by close of business the next business day or the late pick-up fee will double _____ (Parent's initials) In case of inclement weather, if the Center closes early, late pick-up fees will be applied after the early closing time of the inclement weather delay.
- Parents who fail to confirm with the school their late pick-up before 6:00 p.m. will pay double the normal late pick up fee _____.
- For parents who pick-up their child late more than three times in any 30 day period, a fee schedule of \$10.00/minute late fee may be charged _____ (Parent's initials) Suspension and/or expulsion may also be remedies.

3. Completion of Forms

- All forms must be completed and returned before the child enters the program. All forms should be updated whenever there are any changes in parents/guardian information (e.g. phone numbers, change of address, etc.) _____ (Parent's initials) This contract becomes effective as of June 17, 2019 and remains in effect through August 14, 2019.
- All medical information must be current according to your child's age e.g., Physical Examination, Lead Screening, Immunizations. Although your child's administrative forms are not tuition related, your child will not be able to start our program without all forms. It is the parent's responsibility to update all records as necessary. _____ (Parent's initials) The Center has the right to suspend the child/ren for out dated phone numbers, contact information and incomplete records.



4. Lost Items

- Quality Time Learning Center will not be responsible for any item(s) lost clothing, e.g., coats, swim suits, towels, swims shoes, jackets, sweaters, toys, blankets, sheets, car seats, strollers etc., and will not reimburse parents for lost or damaged items.

5. Student Photo ID:

- Parents must provide a photo (wallet size) of their child for identification and security purposes.

6. Withdrawing/Returning/Other

- Quality Time Learning Center continues to have a very high demand for its services. We always want to be in the position to offer our services to parents who weekly meet their financial obligations to the school. Parent's failure to remain current in their tuition may be given one weeks' notice prior to dismissal. Full tuition payment is expected during this notice period.
- Parents are required to pay for five (5) days a week as long as their child is enrolled. Payment is required in advance when your child is out sick; you are on vacation or when school is closed. In the event of an early school closing due to inclement weather, no reduction in tuition is made . **(Parent's initials)**

7. School Regulations

- Parents are expected to respect and uphold school policies and regulations and the contractual agreement they have with the school. QTLC reserves the right to ask parents to remove their child from the school if said parents disregard or fail to uphold school policies, regulations, or terms of the contractual agreement they have with QTLC. All deposits, tuition, and any other fees paid in advance are non-refundable for a parent who is expelled from the summer program . **(Parent's initials)**

8. Understanding Contract

- I/We undersigned, have read and fully understand, and agree to comply with the summer tuition contract/fee, scheduled policies of Quality Time Learning Center . **(Parent's initials)**

9. Activity Fee

- Activity Fees will be billed according to the following schedule. Should a parent be enrolled for fewer weeks a refund may be appropriate. **(Parent's initials)**

**INITIAL WEEKS
THAT THE STUDENT
WILL ATTEND**

**ACTIVITY FEE FOR WEEKS
ATTENDING**

Weeks	Initial
6/17/2019	
6/24/2019	
7/1/2019	
7/8/2019	
7/15/2019	
7/22/2019	
7/29/2019	
8/5/2019	
8/12/2019	
TOTAL WEEKS	

# of Weeks	Fee	Refund
9 Weeks	295.00	0.00
8 Weeks	295.00	0.00
7 Weeks	265.00	30.00
6 Weeks	235.00	60.00
5 Weeks	205.00	90.00
4 Weeks	175.00	120.00
3 Weeks	145.00	150.00
2 Weeks	115.00	180.00
1 Week	85.00	210.00

THIS CONTRACT SUPERSEDES ALL PREVIOUS CONTRACTS.

Signature of Financially Responsible Person: _____ Date: ___/___/___

Print Name of Financially Responsible Person: _____

Contract Start Date: ___/___/___ QTLC will start billing on ___/___/___ **(Parent's initials)**

Fees Paid	<u>Check#</u>	<u>M.O.#</u>	<u>Cash</u>	<u>Credit Card</u>	<u>On-Line</u>
Registration	_____	_____	_____	_____	_____
Tuition	_____	_____	_____	_____	_____
Summer Activity Fee (SAF)	_____	_____	_____	_____	_____