Join us next school year!

What We Offer

Student Choice
Homework Support
Hand on Learning
Qualified Staff
Healthy Snacks
Physical Activity
PTA Support
and so much MORE!

Open Enrollment

Families Currently Enrolled in Current
Before & After School Provider
April 22nd
School Community:
April 29th

Contact Us

443-243-4555
hsadmin@hsecp.org

INSPIRE CONNECT EDUCATE
2019-2020 School Year Registration!

Thank you for your interest in Hot Spots Extended Care Programs of ______________ Elementary. We are looking forward to the opportunity to work with you and your family!

Please find attached the necessary documents to complete your child/ren’s Enrollment for the 2019-2020 school year.

Please submit all documentation to hsadmin@hsecp.org. You can also mail or drop off in person your forms at 8601 Lasselle Road Suite 206 Towson, MD 21286.

 Reserve My Child’s 2019-2020 Enrollment By:

- **Step 1:** Complete the following documents
  - Enrollment Agreement
  - Enrollment Information
  - Tuition Express Form

  Families currently enrolled in the schools Before and After Care Provider ENROLLING between April 22nd through the 26th will receive PRIORITY enrollment for the 2019-2020 School Year and be responsible for payment of the security deposit and $25 registration fee.

  Open enrollment for the school community will begin on April 29th. Families ENROLLING for the 2019-2020 school year will be responsible for payment of the security deposit and $25 registration fee.

  Payment will be due within 5 business days of receipt of this information.

- **Step 2:** Complete remainder of documents
  - Emergency Card
  - Health Inventory Page 1 and 2
  - Immunization Records
  - Parent OCC Pamphlet

*ALL enrollment documents must be received prior to the first day of school in order to start in our program.

RESERVE YOUR CHILD’S SPOT TODAY!
This Enrollment Agreement is by and between Hot Spots Extended Care Programs, Inc. (hereinafter, known as "HSECP") and:

Parent/Guardian Name ________________________________  Child’s Name ________________________________

Enrollment Date ________________________________  Child’s First Day ________________________________

Elementary School Location ________________________________  HSECP Phone # ________________________________

**Student Information/Permissions:**

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<td>Weight:</td>
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<td>Hair Color:</td>
<td>Grade:</td>
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1. I give HSECP permission to transport my child in its van or any other mode of transportation operated by HSECP or parties approved by HSECP in the event of an emergency.  Yes

2. I give HSECP permission to photograph or videotape my child with the intent to use these materials for promotional, advertisement or educational purposes. Yes / No / NA

3. I give HSECP permission to take my child outside daily as part of the scheduled curriculum. Yes / No / NA

4. I give HSECP permission to put sunscreen on my child, which I have provided. Yes / No / NA

5. Does your child have special needs/ IEP/504? Yes / No / NA

6. If you child is supported by an IEP/504, will you provide HSECP with a copy in order for us to provide consistent services? Yes / No / NA

Notwithstanding the foregoing permissions, I acknowledge that HSECP is under no obligation to provide the above stated services to my child.

I understand my child may not return to HSECP without a doctor’s note (indicating that the following symptoms, as applicable, have been resolved) if exhibiting any of the following symptoms:

- Temperature of 101 degrees or higher
- Skin rash
- Diarrhea and/or vomiting one or more times in the same day
- Evidence of lice infestation
- Any contagious disease or condition.

**Financial Terms and Conditions:**

- I agree to pay a nonrefundable registration fee of $75.00 per child at time of enrollment.
- I agree to pay tuition monthly. This monthly tuition rate is subject to change and will be adjusted due to tuition increases upon thirty (30) days prior written notice or immediately upon program changes (refer to the current rate sheet for explicit pricing details).
- I agree to pay a security deposit equal to two weeks of tuition. If tuition should increase, I agree to pay the difference to equal two weeks of tuition. If tuition should decrease, any reduction in the security deposit will be posted as a credit to my account.
- Under our Family Discount Program, a discount of 10% will be received on the lowest tuitions when enrolling two or more full-time siblings.
- I agree to pay for any incidental fees related to my child’s enrollment at HSECP or receipt of services; for example, I agree to pay all fees related to field trips and activities. I agree to pay such incidental fees in advance when possible but no later than on the day of the field trip or activity.
- I agree to pay tuition on the first weekday of each month in which care is provided for my child. There is no tuition deduction or proration for illness, holidays, an annual Celebree Learning Centers staff development day, or when HSECP is closed due to weather related emergencies, acts of God or other circumstances beyond HSECP’s control, including but not limited to power, gas or water outages, and states of emergency. Children attending part-time may not alternate their days. Additional charges will be assessed, as determined solely by HSECP, if a child wishes to attend any day other than their assigned days. Additional fees as determined solely by HSECP may be assessed for county school closings if care is provided.
I understand the tuition payment options available are: (1) Tuition will be electronically processed through an auto withdrawal either to my preferred credit card or banking account or (2) Tuition will be electronically processed by self through an online payment withdrawal either to my preferred credit card or banking account. Cash payments will not be accepted. All funds will be transferred the first day of each month during the school year.

Payment transactions by credit card will be assessed a surcharge that is not greater than HSECP’s cost of acceptance. We reserve the right to process any electronic payment as a credit transaction.

If tuition is not paid by close of business on the third weekday of the month, I agree to pay a late charge of $35.00. If tuition and related late fees are not paid by the second Friday of the month in which care is provided, suspension of care may result without further notice.

Should payment be returned for insufficient funds, a fee of $35.00 will be assessed to my account. If more than two payments are returned within one year due to insufficient funds, payment must be made by certified check or money order or suspension of care may result.

A late fee of $1.00 per minute per child will be charged if my child is in care past the normal operating hours (posted from time to time). This fee will be paid to HSECP at the time I pick my child up after normal operating hours. If my child is in care more than 15 minutes after closing, every attempt will be made to locate the emergency contacts. If a contact cannot be located within two hours, Child Protective Services may be contacted.

In the event I withdraw my child from HSECP, I agree to provide a two week advance written notice to the Director. All disenrollments will be effective on a Friday. I understand that my last two weeks of tuition will be paid by my security deposit, and I agree to pay any outstanding balance before the last day of care is provided to my child.

I agree that if my account balance remains unpaid for thirty (30) days, I will be assessed a finance charge of 1½% per month on the amount outstanding. If any payment or other charge is not made when due, in addition to other remedies available to HSECP, HSECP reserves the right to take legal action to collect all charges due, and may also recover legal fees, court costs and related collection expenses incurred by HSECP.

For an additional fee, parents may opt to enroll children for drop in care at a local participating Celebree Learning Center for times when care is not available at the HSECP site. Care will be available on a first-come first-serve basis and transportation between the HSECP location and the local Celebree location is not provided. Parents wishing to take advantage of this program must complete enrollment at the Celebree Learning Center location. Fees will be equivalent to the local Celebree Learning Center’s half day drop in rate.

HSECP reserves the right to immediately disenroll a child at its sole discretion for: (1) inappropriate conduct (as determined by HSECP) by the child or parent; (2) when tuition is in arrears, or (3) if the parent does not provide, upon request, a current written pediatrician’s certification that a child is healthy and able to participate in HSECP’s programs without exposing other children to health risks thereby.

If a Celebree Learning Centers employee is subpoenaed to testify in connection with or required to participate or cooperate in any litigation, claim or case in which HSECP is not a defendant or a plaintiff, I am involved in, I will reimburse HSECP for any costs incurred by HSECP resulting therefrom, including costs related to the employee’s time and expenses, legal fees and/or court costs.

Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be determined by final and binding arbitration administered by the American Arbitration Association (“AAA”) under its Commercial Arbitration Rules and Mediation Procedures ("Commercial Rules"). There shall be one arbitrator agreed to by the parties within twenty (20) days of receipt by respondent of the request for arbitration or in default thereof appointed by the AAA in accordance with its Commercial Rules. The petitioner shall be required to pay all of the filing fees to initiate any arbitration. The award rendered by the arbitrator shall be final and binding on the parties and may be entered and enforced in any court having jurisdiction. The seat or place of arbitration shall be Baltimore, Maryland. Except as may be required by law, neither a party nor the arbitrator may disclose the existence, content or results of any arbitration without the prior written consent of both parties, unless to protect or pursue a legal right. The arbitrator shall only require the parties to disclose documents that they intend to rely on in presentation of their case at the hearing. The arbitrator is hereby authorized to award to the prevailing party the costs (including reasonable attorneys’ fees and expenses) of any such arbitration.

I, for myself and my successors and assigns, hereby release HSECP and each of its successors, affiliates, employees, and representatives from all claims, suits, losses, liabilities and judgments, of whatever kind, arising from or related to or in connection with my child's enrollment with HSECP including, without limitation, any loss or injury sustained by my child or myself as a result of my child's participation in activities sponsored or conducted by HSECP and/or Celebree Learning Centers employees.

This Agreement will be governed by Maryland law and shall be applicable to and inure to the benefit of HSECP, its affiliates and successors.

I have read, understand and agree to the above contract which represents part of my obligation to HSECP. This agreement is subject to change by HSECP upon thirty days notice.

I have read, understand, and agree to abide by the information and policies outlined by the HSECP Parent Handbook.

______________________________
Parent/Guardian Signature

______________________________
HSECP Director Signature

______________________________
Date

______________________________
Date
# HOTSPOTS
## EXTENDED CARE PROGRAM

### Enrollment Information

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<th>School</th>
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<th>Parent/Guardian 1 Information</th>
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<th>Parent/Guardian 2 Information</th>
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<td>Last Name</td>
<td>First Name</td>
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<th>Child's Information</th>
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### Program Needed:

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<th>WEDNESDAY</th>
<th>THURSDAY</th>
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Please verify your chosen method of tuition payment:
- Automatic Deduction Credit Card
- Automatic Deduction Banking Card
- Online Payment Credit Card
- Online Payment Banking Card

### Questions or Comments:

Phone: 410515-8750 ext.127
Email: info@HSECP.com

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Parent Signature ____________________________ Date ____________________________

www.HSECP.org
Tuition Express
For Bank Account Authorization, complete and return to center management. Please continue to submit payment by check or money order until notified of activation.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION
MUST CHECK ONE: ☐ Recurring Monthly Tuition Deduction ☐ On-Line Payment Tuition Deduction
(Required for Drop In Enrollments)

I (we) hereby authorize Professional Solutions, as agent on behalf of Hot Spots Extended Care Programs, to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

**Credit Union Member: Please contact your Credit Union to verify account and routing numbers for automatic payments.

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<tr>
<th>Your Name</th>
<th>DEPOSITORY – Bank or Credit Union Name</th>
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<tbody>
<tr>
<td>Address</td>
<td>Home Phone Number</td>
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<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Routing Transit Number (see sample below)</td>
<td>Account Number (see sample below)</td>
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</tbody>
</table>

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions – Tuition Express and DEPOSITORY a reasonable opportunity to act upon it.
Under no circumstances shall this time be less than 5 business days.

Signature ___________________ Date ________________

(Please attach a copy of a voided check below – preprinted deposit slips are accepted ONLY for Savings Accounts)

Center Management Use only Procare Acct KEY: ___________________
# Tuition Express

For Credit Card Authorization, complete and return to center management. Please continue to submit payment by check or money order until notified of activation.

## CREDIT CARD PAYMENT AUTHORIZATION

MUST CHECK ONE:  □ Recurring Monthly Tuition Deduction  □ On-Line Payment Tuition Deduction  
(Required for Drop In Enrollments)

I (we) hereby authorize Professional Solutions, as agent on behalf of Hot Spots Extended Care Programs, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting child care related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "Hot Spots Extended Care Programs". I (we) authorize Hot Spots Extended Care Programs to utilize Tuition Express to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between Hot Spots Extended Care Programs and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Hot Spots Extended Care Programs written notice of revocation. A minimum of 5 business days is required to affect revocation.

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<th>Cardholder Name</th>
<th>Email Address</th>
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<tr>
<th>Cardholder Billing Address</th>
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<th>Center Location</th>
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<tr>
<th>Account Number</th>
<th>Expiration Date</th>
<th>Type: □ Visa □ Mastercard</th>
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Center Management Use only  Procare Acct KEY: __________________________