

School Age Services Programs 2010-11

The Columbia Association School Age Services (SAS) programs are licensed by the Maryland State Department of Education, Office of Child Care (MSDE/OCC) under state child care regulations, and operate from 7 am until the school day begins (elementary students ONLY) and from the end of the school day until 6 pm.

Serving the following Elementary Schools —

Atholton	Clemens Crossing	Jeffers Hill	Running Brook	Thunder Hill
Bryant Woods	Cradlerock	Longfellow	Stevens Forest	Waterloo
Centennial	Guilford	Northfield	Swansfield	Worthington
Clarksville	Hammond	Phelps Luck	Talbot Springs	

Locations

And in the following Middle Schools —

Dunloggin, *with transportation from Burleigh Manor* Cradlerock, *with transportation from Oakland Mills, Wilde Lake, Harpers Choice*
Hammond

Children **currently enrolled** in Columbia Association SAS programs (on or after April 1, 2010) need a completed registration form only. Two children can use the same registration form.

Forms

All other students need a completed registration form and

- Special Care Plan completed and signed by a physician (Page 1 and 2 of the Health Inventory)
- Completed Health Inventory (less than 12 months old) signed by child's physician
- Completed Immunization Certificate *Included on the Health Inventory*
- Completed Lead Addendum *Included on the Health Inventory*

Incomplete packets cannot be processed and will be returned causing a delay in your registration.

Registrations for the 2010-2011 school year will be accepted on a first come first serve basis beginning June 5, 2010.

The deadline for registering for the first day of school will be August 13, 2010. Registration will not be accepted from August 14th through August 29th. Registration will resume on Monday, August 30, 2010.

To register, bring or mail completed registration packets (all required forms and payment) to:

By Mail

Columbia Association SAS
P.O. Box 981
Columbia, MD 21044

Mail in registrations received prior to June 5 will be processed June 11.

In Person

Columbia Association Headquarters
10221 Wincopin Circle (Above Clyde's Restaurant)
Columbia, MD
Monday through Friday from 9am-4pm

Confirmation packets will be mailed within two weeks of receipt of completed registration packets.

Faxed registrations cannot be accepted.

For more information, please call 410-715-3164, or send an e-mail to SAS@columbiaassociation.com.



Programs and Fees

Program	Description For complete description please read Parent Manual	Fee
Morning Program Elementary Only	Care from 7am until the beginning of the school day	\$145 per month*
Afternoon Program	Care from the end of the school day until 6pm	\$195 per month*
Full Day Program	On most days when schools are scheduled to be closed a program is offered at 3 consolidated locations. Fliers and registration forms will be made available at all program sites approximately one month prior to scheduled closing. In order to participate in a Full Day Program, a registration must be received including a registration for children enrolled in the PLUS Payment Plan. Full Day programs will be provided on the following dates: 9/3/10, 9/9/10, 10/15/10, 11/5/10, 11/24/10, 12/27 through 12/31/10, 1/24/11, 2/18/11, 2/21/11, 3/11/11, 4/18/11 through 4/22/11, 4/25/11, 5/13/11. Please note that CA will not hold Full-Day programs on the following dates — 9/6/10, 9/14/10, 11/2/10, 11/25/10, 11/26/10, 12/24/10, 1/17/11, and 5/30/11.	\$45 per day for non-PLUS participants.
PLUS Payment Plan	The PLUS Payment Plan is for the 21 Full Day Programs that will be held throughout the school year. Instead of paying the regular \$45 fee per each Full Day program, (total of \$945) the Plus participants receive a discount and pay in 9 monthly installments of \$85 for a total of \$765. Registration for the Plus Payment Plan ends October 1, 2010. Removal from the PLUS Payment Plan must be communicated by October 1, 2010. After October 1st withdrawal from the Plus Plan can only be done upon full withdrawal from the School Age Services Program. Children do not have to be enrolled in the PLUS Payment Plan in order to be able to attend a Full Day Program. This is a payment plan only and is not a guarantee of service.	\$85 per month for 9 months.
Transportation Middle School Only	Transportation from selected Middle Schools to three program sites	\$40 per month*
Registration	Non-refundable administrative fee	\$45 per child
Space Deposit	A deposit of \$98 for PM Care, \$73 for AM Care or \$171 for both will be due at registration. This amount will be applied to the June 2010 tuition payment. Should you need to remove your child from the program before the end of the school year, this deposit will be refunded provided 2 weeks notice is given. If no notice of removal is given, these monies will be forfeited.	AM \$73 PM \$98 Both \$171
Early Closing	When the school is scheduled for early closing, a program is provided for children enrolled in the after school program at the regular program site. Please note there will be no Early Closing program on 2/16/11.	No additional charge
Inclement Weather	When school is closed due to inclement weather, our programs will not operate. When school closes early due to an emergency, inclement weather or mechanical failure, the after school program will not operate. When school opening is delayed, our morning program will be delayed by the same amount of time. This program is only available to children who are regularly scheduled to attend the morning care program. There are no credits or adjustments for time not used in the SAS program due to school closings or delayed openings.	
Late Payment	Fees assessed for payments made after the first day of the month.	\$25
Late Pick Up Fees	Late fees will be assessed for picking up children after 6:00pm. If a child is not picked up from the center within 30 minutes of closing, the late fees will be doubled and the appropriate child welfare authorities may be contacted. No exceptions will be made for traffic or weather.	\$20 1-15 min. \$40 16-30 min. \$120 31-45 min. \$160 46-60 min.

* Fees prorated for June.

The following payments must be included with registration forms.

For Registration Received		AM only	PM only	AM and PM	PM. Transportation
Prior to Aug 1	\$45 registration fee, plus deposit	\$118	\$143	\$216	\$143
after Aug 1	* \$45 registration fee, Sep tuition fee, plus deposit	\$263	\$338	\$556	\$378
After Aug 1	* \$45 registration fee, One full month tuition fees, deposit and PLUS	\$348	\$423	\$641	\$463

All of the fees in the above schedules include the registration fee.

Payment Plans: There are now two additional payment options available for you. Option One is an Annual Payment plan with one payment due September 1, 2010; and Option Two is a bi-annual Payment with two payments due September 1, 2010 and February 1, 2011. If you would like to take advantage of one of these options, please complete a Payment Option Form and return with your first monthly payment, which is due by September 1, 2010. Forms are available by calling the Columbia Association SAS office at 410-715-3164 or on our website www.columbiaassociation.com in the Before and After Care section.

Cancellation or changes in the program require a 2 week written notice to the SAS Administrative Offices and will be effective on the 1st and 15th of the month. CANCELLATIONS OR CHANGES MUST BE MADE NO LATER THAN AUGUST 13, 2010 IN ORDER TO BE EFFECTIVE BY THE FIRST DAY OF SCHOOL (August 30, 2010). **Please note: Changes in program status are subject to availability and a fee of \$25 will be charged for each change.** Failure to participate in the program or make the monthly payment does not release you from the financial obligation. Withdrawal from the program will result in a forfeiture of your child(ren)'s space in the program. Re-registration will be required for all children seeking to re-enter the program. Re-registration requires the completion of a new registration packet and a registration fee of \$45, and will be accepted on a space available basis. There are no credits or adjustments for time not used in the SAS program.

Changes in program status are subject to availability. Please call the Administrative Office at 410-715-3164 or e-mail us at SAS@columbiaassociation.com if you wish to increase your child's participation in our programs. If space is available you must submit the change request, in writing, to the School Age Services Administrative Offices.

Monthly payments are due on the first of each month; late payments fees of \$25 will be assessed for payments received after the first of the month.

The policy for payment is as follows:

- payment is due the first of each month; a late fee will be assessed on all accounts not paid by the first;
- if a payment is skipped, a reminder letter will be sent to you; **if a second payment is skipped (not necessarily consecutive, just a second skipped payment) you will be required to pay for the remainder of the year in order for your child to continue in the program.**

fun things to do when you're not in school

Summer Camps

Columbia Association Summer Camps offer more than 20 different safe and fun programs during the summer, such as Art Camp, Nature Camp, Cheerleading Camp, Camp Make a Difference, a variety of sports camps, and much more. Part day and full day programs for children of all ages provide an exciting alternative to childcare. Registration begins in January. For more information, or to have a brochure mailed to you, call 410-715-3165 or e-mail us at camps@columbiaassociation.com

KidSpace

KidSpace is an awesome interactive play area providing child care while parents exercise. It enhances a child's self-concept and promotes positive self-image. KidSpace amenities, which can be found at the Athletic Club, Supreme Sports Club and the Columbia Gym are tailored to each facility: kid-sized arenas, a computer room, a rock wall, climbing ropes, state-of-the-art games and equipment. A variety of activities are offered daily that may include art, music, dramatic play, and various physical activities and games. For more information, please call 410-730-1802 or email MSC@columbiaassociation.com.

Birthday Parties

Happy birthday — the CA way. The appeal is legendary — the variety extensive. Celebrate your birthday year after year with friends and family and create lasting memories. Reserve early, parties book quickly.

Columbia Art Center	410-730-0075
Columbia Gym KidSpace	410-531-8974
Supreme Sports Club KidSpace	410-381-6710
Columbia Ice Rink	410-730-0322
Columbia Sports Park	410-715-3054
Columbia Swim Center	410-730-7000
Outdoor Pools	410-312-6332

Columbia Art Center

The Columbia Art Center offers a variety of classes and workshops for children and youth. Children as young as 6 years old can learn creative expression through art. Teachers experienced in working with youth provide instruction in drawing, pottery, decoupage and more.

Birthday Parties at the Art Center

Why not have your child's next birthday party at the Columbia Association Art Center? Artful parties include art instruction in mask decoration, decoupage boxes, sand art and more! Parties are held in a decorated party room and each child will take home his or her own art creation.

We provide invitations, art supplies, utensils, napkins, goody bags and punch. Parties run for approximately 1 1/2 hours. For children enrolled in the SAS Program, the birthday child is free with 10 paying children.

For more information or to have a brochure mailed to you call 410-730-0075 or e-mail us at columbia.art.center@columbiaassociation.com

Columbia Teen Center

The Columbia Teen Center is a multi-purpose facility offering year round programs after school, evenings and some weekends for youth age 9-18.

We host various free social events such as Chemical-Free T.G.I.F. and Teen Fiesta featuring free pizza, music, give-aways and door prizes. An after school open recreation program is offered Monday-Friday which provides youth with the opportunity to play, relax and socialize in a safe and supervised environment. The Teen Center is also available for rental for birthday parties, youth group meetings, and other social events.

For more information call 410-992-3726 or e-mail us at teen.center@columbiaassociation.com

School Age Services Programs 2010-11

For children previously enrolled, please copy customer ID # from your invoice.

Registration Form All sections of this form must be completed, and submitted with proper payment. **For children not currently enrolled in Columbia Association School Age Services programs (as of May 1, 2010), a physical and special care plan must accompany this form.**

Child One

Child's Name _____ Birth Date _____ Male Female
School _____ Grade Fall '10 _____

Please mark the programs you would like to register for with an X.

- Morning, \$145 per month *Care from 7am until the beginning of the school day*
- Afternoon, \$195 per month *Care from the end of the school day until 6pm*
- PLUS, \$85 per month *Payment plan for the 21 school's closed day*
- Transportation, \$40 per month *Transportation from selected middle schools to ENERGY sites*

Child Two

Child's Name _____ Birth Date _____ Male Female
School _____ Grade Fall '10 _____

Please mark the programs you would like to register for with an X.

- Morning, \$145 per month *Care from 7am until the beginning of the school day*
- Afternoon, \$195 per month *Care from the end of the school day until 6pm*
- PLUS, \$85 per month *Payment plan for the 21 school's closed day*
- Transportation, \$40 per month *Transportation from selected middle schools to ENERGY sites*

Parent/Guardian Information

Child lives with:

Name _____ Date of Birth _____
 Home Telephone _____ Cell _____ Work Telephone _____
 Mother Father Step-Mother Step-Father Other
 Home Address _____ City _____ MD Zip _____
 Is this a billing address? Yes No Email Address _____
 Employer/School _____
 Address _____

Name _____ Date of Birth _____
 Home Telephone _____ Cell _____ Work Telephone _____
 Mother Father Step-Mother Step-Father Other
 Home Address _____ City _____ MD Zip _____
 Is this a billing address? Yes No Email Address _____
 Employer/School _____
 Address _____

Custodial Parent(s)/Guardians

This is ONLY for non-custodial parent/guardian; information for other emergency contacts is required in the next section.

Is the non-custodial parent listed below an authorized emergency contact? Yes No
 If non-custodial parent **is not** an authorized emergency contact, a certified copy of the court order must accompany this form.
 Name _____ Mother Father
 Home Telephone _____ Cell _____ Work Telephone _____
 Home Address _____ City _____ State _____ Zip _____

Non-Custodial Parent

Child One Name *Please print name here* _____

Health Information

Please check the appropriate answer	Yes	No	Please clarify any “yes” answers here
Are you concerned about your child’s general health?			
Does your child wear glasses or contact lenses?			
Does your child have any eye problems ?			
Does your child wear a hearing aid?			
Does your child have any hearing problems?			
Does your child have any speech problems ?			
Does your child have any allergies?			
Does your child have any other specific illness, disability or other limiting condition? If yes, does this problem require any special health care in the SAS program?			
Has your child received an evaluation, which could help the SAS staff in meeting his/her health or educational needs?			
Does your child require any adaptive equipment?			
Do you have concerns about your child’s behavior or emotional well being which the SAS staff should know about?			
Does your child take medication? If yes, and medication is to be administered during the SAS program, a medication order form is required to be on file.			

Child Two Name *Please print name here* _____

Health Information

Please check the appropriate answer	Yes	No	Please clarify any “yes” answers here
Are you concerned about your child’s general health?			
Does your child wear glasses or contact lenses?			
Does your child have any eye problems ?			
Does your child wear a hearing aid?			
Does your child have any hearing problems?			
Does your child have any speech problems ?			
Does your child have any allergies?			
Does your child have any other specific illness, disability or other limiting condition? If yes, does this problem require any special health care in the SAS program?			
Has your child received an evaluation, which could help the SAS staff in meeting his/her health or educational needs?			
Does your child require any adaptive equipment?			
Do you have concerns about your child’s behavior or emotional well being which the SAS staff should know about?			
Does your child take medication? If yes, and medication is to be administered during the SAS program, a medication order form is required to be on file.			

Emergency Information

Complete information for at least **two emergency contacts, other than the parents**, must be furnished in order to enroll your child. Children will not be released unsupervised or to any unauthorized person(s). The following people, who are aware that their names are being furnished and **are available within 15 minutes of the site**, have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. Photo Identification will be required. Emergency contacts must be 16 years of age.

Emergency Contact Information

Name _____ Telephone (H) _____ (W) _____

Address _____ MD _____ Authorized to pick up daily? Yes No
Street/Apartment City State Zip Code

Name _____ Telephone (H) _____ (W) _____

Address _____ MD _____ Authorized to pick up daily? Yes No
Street/Apartment City State Zip Code

Name _____ Telephone (H) _____ (W) _____

Address _____ MD _____ Authorized to pick up daily? Yes No
Street/Apartment City State Zip Code

Alternative Plan for Emergency School Closing

All children, including those only attending morning program, must have an alternate release plan for occasions when the Board of Education closes the school buildings (due to snow or other emergencies) during the SAS program hours. Please note, if school closes early due to snow or other emergencies, our programs will not operate.

To be picked up and not leave unless picked up by persons authorized on this form Has my/our permission to walk home

Other, please explain: _____

Medical Release

I give my permission to the physician listed below and my child (ren)'s school to release my child's health information to the Columbia Association.

Child's Physician or
Source of Health Care _____ Telephone _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the Columbia Association to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Have you been approved for CA's Reduced Rate program for the 2010-2011 school year or 2010 camp program? Yes No

Please note, reduced rate approvals are good for one year and are not retroactive. Please call 410-715-3164 for more information on the Reduced Rate program. Parents who have been approved for reduced rate for the 09-10 school year must submit a Low to Moderate Income application at the time of registration.

Have you been approved for DSS vouchers? Yes No

If yes, a copy of the vouchers must accompany this form. The \$45 registration fee is not covered by DSS vouchers and is not subject to the Reduced Rate.

Terms and Conditions

- Cancellation or changes in the program require a two week written notice to the SAS administrative offices and will be effective on the 1st or 15th of the month.
- CANCELLATIONS OR CHANGES MUST BE MADE NO LATER THAN AUGUST 13, 2010 IN ORDER TO BE EFFECTIVE BY THE FIRST DAY OF SCHOOL (August 30, 2010).
- Failure to participate in the program or to make payments does not constitute a withdrawal from the program nor does it release the financial obligation of this contract.
- Monthly payments are due on the first of each month; late payment fees of \$25 will be assessed for payments received after the first of the month.
- If more than one payment is skipped you will be required to pay for the remainder of the year in order for your child(ren) to continue in the program.
- Registration in the program denotes authorization for the Columbia Association to use any photographs in which child(ren) may appear for promotion or publicity.
- Withdrawal from the PLUS program can only be done upon full withdrawal from the SAS program.

To be Completed by the Person(s) Responsible for Payment

The signature(s) below indicate(s) my/our understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration packet). I agree to pay all tuition and related charges as they become due. Failure to pay will result in cancellation of service for my child (children) and the Columbia Association may pursue all legal remedies to collect any outstanding and unpaid tuition and charges. I/We understand that changes to and withdrawals from the program require a two week written notice effective on the 1st or 15th of the month. Re-registration may require the completion of a new registration packet and a registration fee of \$45, and will be accepted on a space available basis.

Child One

Person Responsible for Payment for Child One _____

Responsible Person's Signature _____

Billing Address _____

City _____ State _____ Zip _____

Child Two

Person Responsible for Payment for Child Two _____

Responsible Person's Signature _____

Billing Address _____

City _____ State _____ Zip _____

Release, Waiver of Liability and Indemnity Agreement

I, _____, the parents/legal guardian of _____ hereby agree with the Columbia Association, Inc. (the "Association") to the following by affixing our signatures below on this date, _____ 200_.

In connection with my child's participation in the School Age Services Program, I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself/ourselves and on behalf of our child/children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgements against the Association, its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge the Association, its directors, officers, employees, servants, subcontractors and agents from all claims, cost liabilities, expenses, (including attorney's fee), and judgements which may arise out of my child's/children's participation in the Program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, damage, actions, liabilities, expenses (including attorneys fees) and judgments which may arise out of my child's/children's participation in the Program. In addition, I grant permission for the Association to use any photographs or video footage that include images of me and/or members of my family for any CA promotional material or for any other purposes as CA may deem appropriate including advertising and publicity. I hereby release CA and its legal representatives from any and all claims and liability in regard to said photographs or video footage.

Signature of Parent/Guardian _____ Date _____

For Office Use Only Enrollment Date _____

