



Columbia Association
**school
 age
 services**

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 7am until the school day begins (elementary students only) and from the end of the school day until 6pm.

Serving the following full-day Pre-K programs — *Children must be potty-trained to participate in these programs.*

Bryant Woods Cradlerock Phelps Luck Running Brook Stevens Forest Talbott Springs

Locations

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 | Talbott Springs | |

Serving the following middle schools —

| | |
|---|--|
| Dunloggin, <i>with transportation from Burleigh Manor</i> | Cradlerock, <i>with transportation from Oakland Mills, Wilde Lake, Harper's Choice</i> |
| Hammond | |

Forms

Children **currently enrolled** in Columbia Association SAS programs (on or after May 1, 2018) need a completed registration form only. Two children can use the same registration form. Complete instructions for registration will be emailed to all families currently enrolled.

- All other students need a completed registration form and
- Completed Health Inventory 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.

Registration for new students (or those currently enrolled who have not preregistered by the Friday, May 11 deadline) begins June 11 and will be by appointment only from Monday, June 11 through Wednesday, June 13. The online appointment scheduling will be available beginning Wednesday, May 30 at 8am. Instructions on how to schedule appointments are available on our website.

Registration will be closed after June 13 and will be accepted on a space-available basis from Monday, June 18 through Friday, Aug. 17, 9am-4pm. Registrations will not be accepted between Saturday, Aug. 18 and Tuesday, Sept. 4.

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

By mail

Columbia Association SAS • Registration
 6310 Hillside Court, Suite 100
 Columbia, MD 21046
 Mailed registrations received prior to June 11
 will be processed June 18

In person

Columbia Association Headquarters
 6310 Hillside Court, Suite 100
 Columbia, MD 21046
 Monday through Friday, 9am-4pm

Faxed registrations cannot be accepted.

Confirmation packets will be mailed within two weeks of receipt of completed registration packets. For more information, please call 410-715-3164 or send an email to SAS@ColumbiaAssociation.org.



PROGRAMS AND FEES



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| Program | Description <i>For complete description, please read Parent Manual</i> | Fee |
|--|--|--|
| Morning program (Pre-K/elementary only) | Care from 7am until the beginning of the school day | \$183 per month* |
| Afternoon program | Care from the end of the school day until 6pm | \$260 per month* |
| Full-day program | <p>On most days when schools are scheduled to be closed, a program is offered at one consolidated location. Registration will be available through the online Customer Service System approximately four weeks before the program day, with a deadline of two weeks before. Fliers and regular registration forms will also be available for the same time period.</p> <p>In order to participate in a full-day program, all children must be registered for a program — this includes a registration form for children enrolled in the Full-day Payment Plan. Full-day programs will be provided on the following dates in 2018: Mon., Sept. 10; Wed., Sept. 19; Fri., Oct. 19; Wed., Nov. 7; Wed., Nov. 21; Wed., Dec. 26-Fri., Dec. 28; and Mon., Dec. 31.</p> <p>There also will be programs on these dates in 2019: Tues. Feb. 5; Mon., April 15-Fri., April 19; and Mon., April 22.</p> | <p>\$55 per day <i>for participants not enrolled in Full-day Payment Plan</i></p> |
| Full-day Payment Plan | <p>The Full-day Payment Plan is for all 16 full-day programs held throughout the school year. Instead of paying the regular \$55 fee per each full-day program, (\$880 total) the full-day participants for receive a discount and pay in ten monthly installments of \$80 for a total of \$800. (an \$80 savings). Registration for the Full-day Payment Plan ends Fri., Aug. 31. Removal from the Full-day Payment Plan must be communicated by Aug. 31. After Sat., Sept. 1, withdrawal from the Full-day Payment Plan can only be done upon full withdrawal from the School Age Services Program.</p> <p>Children do not have to be enrolled in the Full-day 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.</p> | <p>\$80 per month 10 months</p> |
| Transportation middle school only | Transportation from selected middle schools to two program sites | Included in After Care price |
| Registration | Nonrefundable administrative fee | \$50 per child |
| 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. | 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 fifth day of the month. | \$25 |
| Late pickup fees | Late fees will be assessed for picking up children after 6pm. 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 |
|---------------------------|--|---------|---------|-----------|
| Prior to July 20 | \$50 registration fee | \$50 | \$50 | \$50 |
| July 23-Aug 17 | ★ \$50 registration fee, first month's tuition fee | \$233 | \$310 | \$493 |
| Starting Sept. 5* | ★ \$50 registration fee, two full month's tuition fees | \$416 | \$570 | \$936 |

* **Note: An additional \$80 will be collected from Full-day Payment Plan participants at registration. All of the fees in the above schedules include the registration fee.**

Payment options: There are various payment options available.

Option one: an annual payment plan with one payment due by Aug. 1, 2018 (10% discount applied to May 3 bill)

Option two: a bi-annual two payment plan with payments due by Aug. 1, 2018, and Jan. 3, 2019 (5% discount applied to May 3 bill)

Option three: automatic debit from a credit card.

Option four: automatic debit from a checking account.

Option five: a monthly bill which will be mailed to you.

Please complete a Payment Option form, which is due by **July 20, 2018**, and return with your first monthly payment. Forms are available at ColumbiaAssociation.org in the Before and After Care section or can be requested by email to SAS@ColumbiaAssociation.org.

Cancellation or changes in the program require a **two-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 AUG. 1, 2018, IN ORDER TO BE EFFECTIVE BY THE FIRST DAY OF SCHOOL (Sept. 4, 2018). **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'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 \$50, 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 email us at SAS@ColumbiaAssociation.org 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 and pay a \$25 administrative fee.

Monthly payments are due upon receipt of invoice; late payments fees of \$25 will be assessed for payments received after the fifth of the month.

The policy for payment is as follows:

- a late fee will be assessed on all accounts not paid by the 5th;
- 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.**



Summer Camps

Columbia Association Summer Camps offer more than a dozen 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. Registration begins in January. *For more information or to have a brochure mailed to you, call 410-715-3165 or email Camps@ColumbiaAssociation.org.*

KidSpace

KidSpace is an awesome interactive play area for children to enjoy while parents exercise. It enhances a child's self-concept and promotes positive self-image. KidSpace amenities, which can be found at Columbia Athletic Club, Supreme Sports Club and 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 modified KidSpace program is available at Haven on the Lake. *For more information, call 410-730-1802 or email CMSC@ColumbiaAssociation.org.*

Columbia Art Center

Columbia Art Center offers a variety of classes and workshops for children and youth. Children as young as 5 can learn creative expression through art. Teachers experienced in working with youth provide instruction in drawing, pottery, decoupage and more. *For more information, call 410-730-0075 or email Art.Staff@ColumbiaAssociation.org.*

Youth & Teen Center at The Barn

The Barn in the Oakland Mills Village Center houses the Youth & Teen Center program which offers a year-round fun and safe place for Columbia and Howard County youth ages 9-18 to develop self-esteem and life skills

through participation in a wide variety of recreational and educational programs. Registered participants work on homework assignments in the computer lab, challenge friends to a game of Wii and Xbox®, or enjoy pool, air hockey, basketball, ping-pong and a variety of crafts.

Youth are also provided with the opportunity to engage in various clubs and committees such as the Teen Outreach Committee, For Girls Only, and Art Attack, to name a few. *For more information, call 410-992-3726 or email CA Teens@ColumbiaAssociation.org.*

Party the CA Way!

You don't need to wait until your birthday to celebrate! Customize your party today with one of our many party options. Each of our parties can be tailored for birthdays, graduations, report card celebrations, family get-togethers or just because. Enjoy your CA party experience. Sit back, relax and let our trained party team handle all the details. Price is based on membership status and includes up to 10 participants, unless otherwise noted. Additional participants are extra. Parties generally include: invitations, setup and cleanup routine, 7" by 11" cake (1/4 sheet cake), food and beverage, paper products and private party area.

| | |
|---|--------------|
| Columbia Art Center | 410-715-3169 |
| Columbia Athletic Club KidSpace | 410-715-3169 |
| Columbia Gym KidSpace | 410-715-3169 |
| Supreme Sports Club KidSpace | 410-715-3169 |
| Columbia Ice Rink | 410-730-0322 |
| Columbia SportsPark | 410-715-3054 |
| Columbia Swim Center | 410-730-7000 |
| Outdoor Pools | 410-312-6332 |
| Supreme Sports Club Roller Skating | 410-381-5355 |

For more party types and rates, visit ColumbiaAssociation.org/CAparties.



Columbia Association

school age services

REGISTRATION FORM PROGRAMS 2018-19

RPS

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

All sections of this form must be completed and submitted with proper payment. **For children not currently enrolled in Columbia Association (CA) School Age Services programs (as of May 1, 2018), a Health Inventory form must accompany this form.**

Child one

Child's name _____ Date of birth _____ Male Female
School _____ Grade Fall '18 _____

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

- Morning, \$183 per month
Care from 7am until the beginning of the school day
- Afternoon, \$260 per month
Care from the end of the school day until 6pm
- Full-day Payment Plan, \$80 per month
Payment plan for the 16 school's closed days
- Transportation included in after care price
Transportation from selected middle schools

Child two

Child's name _____ Date of birth _____ Male Female
School _____ Grade Fall '18 _____

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

- Morning, \$183 per month
Care from 7am until the beginning of the school day
- Afternoon, \$260 per month
Care from the end of the school day until 6pm
- Full-day Payment Plan, \$80 per month
Payment plan for the 16 school's closed days
- Transportation included in after care price
Transportation from selected middle schools

Parent/guardian information

Child lives with:

Name _____ Date of birth _____
 Home phone _____ Cell _____ Work phone _____
 Mother Father Stepmother Stepfather Other
 Home address _____ City _____ State _____ ZIP _____
 Is this a billing address? Yes No Email address _____
 Employer/school _____
 Address _____

Name _____ Date of birth _____
 Home phone _____ Cell _____ Work phone _____
 Mother Father Stepmother Stepfather Other
 Home address _____ City _____ State _____ ZIP _____
 Is this a billing address? Yes No Email address _____
 Employer/school _____
 Address _____

Custodial parent(s)/guardians

Non-custodial parent

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 phone _____ Cell _____ Work phone _____
 Home address _____ City _____ State _____ ZIP _____

Child oneName *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 limiting condition? | | | |
| If yes, does this problem require any special health care in the SAS program? | | | |
| Is your child currently receiving services based upon an IEP or 504 Plan? | | | |
| If yes, would you consider providing a copy of the IEP or 504 Plan to the SAS manager? | | | |
| Does your child require any adaptive equipment? | | | |
| Do you have concerns about your child's behavior or emotional well-being that 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 twoName *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 limiting condition? | | | |
| If yes, does this problem require any special health care in the SAS program? | | | |
| Is your child currently receiving services based upon an IEP or 504 Plan? | | | |
| If yes, would you consider providing a copy of the IEP or 504 Plan to the SAS manager? | | | |
| Does your child require any adaptive equipment? | | | |
| Do you have concerns about your child's behavior or emotional well-being that 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. 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 at least 16 years of age.

Name _____ Phone (H) _____ (W) _____

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

Name _____ Phone (H) _____ (W) _____

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

Alternative plan for emergency school closing

All children, including those only attending morning program, must have an alternate release plan for occasions when the school buildings close (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 Columbia Association.

Child's physician or
source of health care _____ Phone _____

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

Signature of parent/guardian _____ Phone _____

Parent handbook

I _____ am aware that the School Age Services Parent Handbook and A Parents' Guide

to Regulated Childcare are available on ColumbiaAssociation.org. I can also view a paper copy on site at my child's program. _____

Initial/date

Have you been approved for CA's Reduced Rate program for the 2018-2019 school year or 2018 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 18-19 school year must resubmit a Low to Moderate Income application at the time of registration for the 2018-19 school year.

Have you been approved for DSS vouchers? Yes No

If yes, a copy of the vouchers must accompany this form. The \$50 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 AUG. 1, 2018, IN ORDER TO BE EFFECTIVE BY THE FIRST DAY OF SCHOOL (Sept. 4, 2018).
- 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 upon receipt of invoice; late payment fees of \$25 will be assessed for payments received after the 5th 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 Columbia Association to use any photographs in which child(ren) may appear for promotion or publicity.
- Withdrawal from the Full-day Payment Plan program can only be done upon full withdrawal from the SAS program.

To be completed by the person(s) responsible for payment

The signature below indicates 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 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 \$50, 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 Columbia Association, Inc. ("CA") to the following by affixing our signatures below on this date, _____ 201____. 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 judgments against its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge its directors, officers, employees, servants, subcontractors and agents from all claims, cost liabilities, expenses, (including attorney's fee), and judgments 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 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 use of 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 _____

