

CROWN CARE CONTRACT

BEFORE & AFTER SCHOOL PROGRAM 2025-2026

Child's School _____

Child's Full Name _____ Birthdate _____ Age _____

Mom's Name _____ Phone # _____

Mom's Email Address _____

Dad's Name _____ Phone # _____

Dad's Email Address _____

Please sign beside the selected program:

Before School	\$100/week	Signature: _____
Before School w/ Transportation	\$120/week	Signature: _____
After School	\$105/week	Signature: _____
After School w/ Transportation	\$130/week	Signature: _____
Before & After School	\$140/week	Signature: _____
Before & After w/ Transportation	\$180/week	Signature: _____

A registration fee of \$50/child will be charged upon receipt of this contract.

School Days Out/Closing Policy:

* **Please check our Facebook page, website, or WBOC during inclement weather for delayed opening or closings.**

* When schools are closed for the day, Crown Care children may attend our School Days Out Camps at a discounted rate. The additional cost will be as follows:

School Days Out Camps for child(ren) attending Before **AND** After Care: \$15/full day, \$10/half day

School Days Out Camps for child(ren) attending Before **OR** After Care: \$25/full day, \$20/half day

Payment Policy:

* Full tuition payments are required regardless of the child's attendance. There will be no financial refund/credit of tuition including but not limited to emergency closings, weather related closings, illness, holiday closings, suspension/expulsions, unexpected withdrawals and/or family vacations.

- * Tuition payments are due on the Friday before your child attends. Parents are required to participate in our Tuition Express Program through Procure which will automatically deduct the tuition from your checking account, savings account, or credit card(3% fee applied). Payments returned or rejected for uncollected and/or insufficient funds will be assessed a \$35 fee, in addition to any bank charges. Uncollected payments, including fees, must be satisfied before your child may return to care.
- * If early contract termination and/or a change to the contract is required, parent/guardian must complete and submit a Withdrawal/Change Request Form to Crown Care giving 30 days advance notice. The thirty day advance notice will begin the date the Withdrawal/Care Change request form is submitted to the Crown Care Director. If prior notice is not given prior to withdrawal, parent/guardian WILL BE RESPONSIBLE FOR THE FULL TUITION PAYMENT for the next 30 days.
- * Contract will remain in effect for the entire school year, including Christmas and Easter Break.
- * The undersigned promises to pay all costs of collections(40%), including but not limited to court costs, attorney fees(15%), of any amount due and owing.

I understand and agree to "Payment Policy" stated above. Signature _____

Date _____

Child Care Subsidy Program

If you are enrolled in the Child Care Subsidy Program and the program does not pay for the time that your child is here then you will be responsible for that payment. If your attendance is not validated or disputed causing a shortage of payment then you will be responsible for that payment. If there is a lapse in your voucher due to expiration or termination then you will be responsible for that payment. Any and all tuition payments that are not paid by Child Care Subsidy will be your responsibility to pay.

Child's Name _____

Signature of Parent/Guardian _____ Date _____



_____ (hereinafter referred to as the/my "Child")
Child's Name

EMERGENCY TREATMENT AUTHORIZATION

I, _____, am the undersigned Parent/Guardian. I expressly acknowledge and agree by signing this Emergency Treatment Authorization (this "Authorization") I authorize the officers, directors, members, managers, Agents, representatives, employees and volunteers of Crown Center, LLC (d/b/a "Crown Care") (hereinafter "Crown Care"). To act for me (the undersigned Parent/Guardian) according to their respective best judgement in the event of a medical emergency and/or routine medical care involving the Child. By signing this Authorization, I hereby expressly waive, release and hold harmless Crown Care and all its officers, directors, members, managers, agents, representatives, employees and volunteers from any and all liability for: (a) any injury(ies), death or illness(es) sustained and/or incurred by the Child while he/she is attending any Childcare Program(s) administered or provided by Crown Care; (ii) using any facility(ies) maintained and/or managed by Crown Care., including, any facilities comprising or being a part of "Crown Center," located at 28410 Crown Road, Fruitland, MD 21826, or (iii) participating in any activity(ies) or program(s) provided, Managed or operated by Crown Care or otherwise performed or conducted at Crown Center. By my execution of this Authorization, I expressly grant permission to all officers, directors, members, managers, agents, representatives, employees and/or volunteers of Crown Care, any paramedic, or emergency services rescue squad, or any private physician and/or staff of a hospital or emergency health care facility, to provide or otherwise administer emergency medical treatment and/or routine medical care for my child, if such person(s) deem necessary. In the case of an emergency involving your Child which requires immediate attention, the Child will be taken to the nearest hospital emergency room. Your signature below authorizes a representative of Crown Care to have the Child transported to such hospital emergency room. Any such action will be taken in the best interest of the Child and will be reported to the undersigned Parent/Guardian soon as possible. By executing this Authorization, I expressly waive and release Crown Center, LLC (d/b/a "Crown Center"), and all officers, directors, members, managers, agents, representatives, employees and volunteers from any and all liability, claims, damages, and/or financial responsibility of any kind whatsoever, including, but not limited to any medical expenses incurred for medical treatment provided to the Child, which arise from any matter(s) relating to or in connection with the Child's participation or enrollment in any program(s) and/or activity(ies) managed, provided or administered by Crown Center or otherwise conducted or performed at Crown Center.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

ILLNESS

In the event the Child becomes ill during his/her participation in any Childcare Program administered or managed by Crown Care, you will be contacted by a Crown Care representative as soon as possible. If You cannot be reached, Crown will notify the Child's emergency contact regarding the Child's illness. It's your responsibility to arrange for the Child to be picked-up from the Crown Center premises as soon as possible. In the event the Child or anyone in the immediate household of the Child develops or is otherwise diagnosed with a reportable communicable disease as defined by the State Board of Health, You must notify Crown Care within 24-hours or the next business day in order for the proper action to be taken, except in the case of life- threatening diseases which You must report immediately to Crown Care.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____



Child's Name

MEDICATION

Only medication prescribed by a Physician will be administered to Child. If the Child needs to take medication during Crown Care program hours, a Medication Authorization Form must be completed. The Medication Authorization Form includes space for Crown Care staff to record administration of the medicine. Do not send medications with the Child. Medicine must be provided to a Crown Care staff member by the Child's Parent/Guardian. All medicines will be kept by Crown Care staff in the designated, locked medicine box. Children are not permitted to keep medications on their person or in their book bags, lunch box, cubby, or pockets.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

ALL PRESCRIPTION MEDICATIONS SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. WE CANNOT ACCEPT MEDICATION AUTHORIZATION FORMS FROM THE CHILD'S SCHOOL OR OTHER PROGRAMS-ONLY THE CROWN FORMS INCLUDED IN THIS PACKET.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PROGRAM ENROLLMENT AGREEMENT

Carefully read and sign below:

I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency, an emergency plan will be followed.

- I understand that my child will not be released to any person(s) who seem(s) to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and/or out daily by myself or my designee
- If my child is experiencing problems in the program a conference will be arranged between the parent, staff and/or Program Director/Coordinator.
- Crown Care reserves the right to terminate services if it is determined the placement is unsatisfactory.
- All information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____



Child's Name

PARTICIPATION WAIVER

I, understand that Crown Center, LLC (d/b/a "Crown Care") and each and every of its officers, directors, members, managers, agents, representatives, insurers, assigns, attorneys, contractors, parents, subsidiaries, successors, affiliates, principals, employees and volunteers (each a "Releasee", and collectively the "Releasees"), assumes no responsibility whatsoever for any injury or illness, of any kind, any athletic activity, sports program, child daycare program, sports class, arcade activity, Clip n Climb activity, laser tag activity, the use of any equipment or in the performance of any exercise or activity administered or provided by Crown Care or conducted at the Crown Center facilities located at 28410 Crown Road, Fruitland, Maryland 21826 (collectively the "Released Activities"). By my execution of this Participation Waiver, I expressly acknowledge on behalf of myself, my spouse, the Child and all of my successors, heirs, representatives and assigns (collectively the "Releasors"), that I assume all risk for any and all injuries and illness which may be sustained or otherwise suffered by the Child arising from which may result from his/her participation in any of the Released Activities and, furthermore, I hereby release and discharge the Releasees from any and all claims of injury, illness, death, loss or damage which my child may suffer or sustain as a result of his/her participation in any of the Released Activities. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH AND EVERY OF THE RELEASEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES AND/OR DAMAGES SUFFERED BY OR ON ACCOUNT OF MY CHILD WHICH MAY BE CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTS OR OMISSIONS OF ANY RELEASEE(S), INCLUDING ANY RESCUE OPERATION(S) CONDUCTED, OVERSEEN OR MANAGED BY ANY RELEASEE(S), REGARDLESS OF NEGLIGENCE OR THE ABSENCE THEREOF ON THE PART OF ANY RELEASEE. I FURTHER EXPRESSLY ACKNOWLEDGE AND AGREE: IF, DESPITE THIS RELEASE AND THE TERMS OF THE AGREEMENT SET FORTH HEREIN ABOVE, THE CHILD (AS IDENTIFIED ABOVE), OR ANY PERSON(S) ACTING ON BEHALF OF SUCH CHILD, MAKES A CLAIM AGAINST ANY RELEASEE(S), I, AT MY SOLE COST AND EXPENSE, SHALL INDEMNIFY, SAVE AND HOLD HARMLESS EACH AND EVERY OF THE RELEASEES FROM ANY AND ALL LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST ANY RELEASEE(S) MAY INCUR AS A RESULT OF ANY SUCH CLAIM. I EXPRESSLY ACKNOWLEDGE AND AGREE THE CHILD IDENTIFIED HEREIN ABOVE SHALL BE DEEMED AND OTHERWISE CONSTRUED TO CONSTITUTE A "RELEASOR" OF THE RELEASEES; NOT WITHSTANDING ANY TERM TO THE CONTRARY SET FORTH IN THIS "PARTICIPATION WAIVER,"

IN THE EVENT OF ANY CONFLICT BETWEEN THE TERMS OF THIS "PARTICIPATION WAIVER" AND ANY OF THE TERMS CONTAINED ELSEWHERE IN THIS CROWN CARE REGISTRATION PACKET, THE TERMS CONTAINED IN THIS PARTICIPATION WAIVER SHALL GOVERN THE UNDERSIGNED MINOR'S PARENT AND/OR LEGAL GUARDIAN, THE CHILD IDENTIFIED HEREIN ABOVE, AND ALL RELEASEES (AS DEFINED HEREIN ABOVE) WITH RESPECT TO ANY AND ALL MATTERS REFERENCED IN THIS PARTICIPATION WAIVER. I recognize that Crown care will make every reasonable effort to minimize exposure to known risks associated with the Childcare Program(s) managed and provided by Crown Care. I understand that whether Crown Care is not, nor is any other Releasee, responsible for any personal property which becomes lost, stolen, or destroyed while Childcare Program participants are using the Crown Center facilities. I hereby expressly permit and authorize Crown Care to use, without limitation or obligation, photographs and/or film footage of my child's image or voice for purpose of promoting or interpreting Crown Care programs. BY MY EXECUTION OF THIS PARTICIPATION WAIVER, I, ON BEHALF OF MYSELF AND ALL RELEASORS, EXPRESSLY ACKNOWLEDGE AND AGREE: I HAVE READ THIS PARTICIPATION WAIVER, I FULLY UNDERSTAND ALL TERMS CONTAINED HEREIN, I FULLY UNDERSTAND THAT I, ON BEHALF OF MYSELF AND ALL RELEASORS, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS PARTICIPATION WAIVER, AND I HAVE SIGNED THIS PARTICIPATION WAIVER FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND THIS PARTICIPATION WAIVER TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF THE RELEASEES OF AND FROM ANY AND ALL LIABILITY OF ANY KIND WHATSOEVER, TO THE GREATEST EXTENT ALLOWED BY LAW.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINTED NAME OF PARENT/GUARDIAN _____ DATE _____



Child's Name

REGULARLY SCHEDULED OUTINGS

PERMISSION SLIP

My Child _____ has my permission to participate in the activities listed below transported by Crown Center, LLC (d/b/a "Crown Care") staff to the following activities and places:

- 1. Arcade located inside of Crown Sports Center
- 2. Clip n Climb located inside of Crown Sports Center
- 3. Laser Tag Arena inside of Crown Sports Center
- 4. Crown Room located inside of Crown Sports Center
- 5. Outdoor sport fields located at the North end of Crown Sports Center
- 6. Outdoor woods located at North of the outdoor fields
- 7. All indoor fields and sports court

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PERMISSION TO TRANSPORT FORM

I (Parent/Guardian Printed Name) _____ authorize Crown Center, LLC (d/b/a "Crown Care") to transport my child (Child's Name) _____ to and from (Name of Child's School) _____ as well as field trips, special events and in the event of any emergency, weather or biohazard etc., that may occur during the 2025-2026 school year.

Parent Signature: _____ Date: _____

Parent Printed Name: _____



Child's Name _____

ENROLLMENT MEDICAL NEEDS

Does your child have any health concerns such as:

Allergies	YES	NO	Medication required _____
Asthma	YES	NO	Medication required _____
Diabetes	YES	NO	Medication required _____
Seizures	YES	NO	Medication required _____
Other	_____		Medication required _____

If you have circled YES to any of these concerns, you will need to complete an action plan. You may obtain the form from our website, office, or health packet.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SUNSCREEN and INSECT REPELLENT POLICY

Parent Permission Form

Camp Crown does not provide sunscreen or insect repellent for participants.

- Sunscreen/insect repellent should be applied in the morning before your child arrives at Camp Crown.
- Sunscreen/insect repellent should be in the original container only.
- Sunscreen/insect repellent must be clearly labeled with the child's name.
- Sunscreen/insect repellent will be stored in camper's classroom.
- Please make sure the sunscreen/insect repellent you provide has been used previously on your child with no adverse reactions.
- School age students will reapply their own sunscreen before outdoor activities, if needed.
- If your child should require assistance applying sunscreen/insect repellent, you must give permission below.
- Please make sure that you purchase clear spray sunscreen.
- Under No Circumstances are campers allowed to apply sunscreen/ insect repellent to another camper.
- I authorize the staff at Camp Crown/Crown Center, LLC to apply sunscreen/insect repellent to my child.
- Do not apply sunscreen/insect repellent to my child. This means that you do not want counselors to help with the application of sunscreen.

Signature of Parent/Guardian _____ Date _____

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered, or approved child care or nursery school:

- **A physical examination** by a health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations.** The immunization certification form (MDH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old.** The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 4620.
- **Medication Administration Authorization Forms.** If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms>

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner, or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care providers or child care personnel who have a legitimate care responsibility for the child.

INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: <https://health.maryland.gov/Pages/Home.aspx#>

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: <https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program>