



# THE GREATER PIKESVILLE RECREATION COUNCIL, INC.

## DISCOVERY CENTER

## FORT GARRISON

### 2019-2020 Contract Information



BALTIMORE COUNTY  
MARYLAND  
Department of  
Recreation and Parks  
60th Anniversary  
1949 - 2009

**Baltimore County Department of Recreation and Parks**

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**THE GREATER PIKESVILLE RECREATION COUNCIL, INC.**



**PRE-K CONTRACT FOR  
THE DISCOVERY CENTER AT FORT GARRISON  
Enrollment Year 2019-2020**



Pre-K Program for 4 year olds as of 09/01/19 – 5 day a week sessions – Monday thru Friday, 9AM – 4PM

*This program will operate in correlation with the Baltimore County Department of Education school calendar and the school system's inclement weather policy and procedure.*

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Mother/Guardian Name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_

(W) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ (H) Phone: \_\_\_\_\_

(W) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father

**Person to contact, in case of an emergency, when parent/guardian can't be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Persons authorized to pick up my child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any allergies or medical conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONSENT**

I give my consent for emergency medical care or treatment for my child, to be used only if I cannot be reached.

Signature: \_\_\_\_\_

**PERMISSION FORM**

I give my child, \_\_\_\_\_ permission to participate in all outdoor outings and field trips while enrolled in school.

Signature: \_\_\_\_\_

The school year fee for the 2019-2020 GPRC Pre-K Program (9 AM – 4 PM) is \$8,127.00 payable in 9 monthly installments only. There is a 5% discount on all fees if paid in full prior to August 1, 2019 (Plan A). The \$903 non-refundable last month deposit will be applied to the final payment month.

*Please initial those school year plans you require for your child:*

\_\_\_\_\_ Plan A – Advanced Payment Plan – School day session of 9:00 AM – 4:00 PM  
Paid in full (\$7,721.00) due prior to August 1<sup>st</sup>, 2018  
(Non-refundable deposit applied to total) \_\_\_\_\_

\_\_\_\_\_ Plan B – School day session of 9:00 AM – 4:00 PM (\$8,127.00)  
Amount due \$903.00/month for 9 months  
(Non-refundable deposit applied to payment month 9) \_\_\_\_\_

TOTAL FEE COST PAYABLE IN MONTHLY INSTALLMENTS \_\_\_\_\_

**CONTRACT**

I, we are the legal guardians of \_\_\_\_\_.  
We hereby jointly and severally guarantee the prompt payment of all fees as aforementioned agreed, to the Greater Pikesville Recreation Council, Inc. as evidenced by our signatures hereunder.  
I, we agree and guarantee the total payment due as per the plan we have chosen.

The obligation being guaranteed is \$\_\_\_\_\_ for the 2019-2020 school year.  
The monthly payment due on the first of the month in which services are being required is \$ \_\_\_\_\_. If payment is more than five days late a thirty dollar (\$30.00) late fee will be charged.

I, we also agree that any balance which remains unpaid as per the plan chosen is subject to an eighteen percent (18%) rate of interest per annum charge (1.5% per month) until the balance is paid in full.  
This guaranty is a limited guarantee, and does not cover any debt or obligation than stated above.  
If any legal action is brought forth by the Greater Pikesville Recreation Council, Inc. in the collection of this debt, I, we will be responsible for any and all legal costs and fees, in addition to our account's unpaid balance, once this matter has been turned over to an attorney or collection agency.

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Signature Date

The contract for services must be signed by both parents to be valid.

**All forms and agreements must be returned to the Greater Pikesville Recreation Council, Inc.  
c/o The Discovery Center at Fort Garrison  
Fort Garrison Elementary School**

**Attn: Ann Burman  
3310 Woodvalley Drive  
Baltimore, MD 21208  
410-602-3575**

