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

<table>
<thead>
<tr>
<th>Bryant Woods</th>
<th>Cradlerock</th>
<th>Phelps Luck</th>
<th>Running Brook</th>
<th>Stevens Forest</th>
<th>Talbott Springs</th>
</tr>
</thead>
</table>

Serving the following elementary schools —

<table>
<thead>
<tr>
<th>Atholton</th>
<th>Clemens Crossing</th>
<th>Jeffers Hill</th>
<th>Running Brook</th>
<th>Thunder Hill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryant Woods</td>
<td>Cradlerock</td>
<td>Longfellow</td>
<td>Stevens Forest</td>
<td>Waterloo</td>
</tr>
<tr>
<td>Centennial</td>
<td>Guilford</td>
<td>Northfield</td>
<td>Swansfield</td>
<td>Worthington</td>
</tr>
<tr>
<td>Clarksville</td>
<td>Hammond</td>
<td>Phelps Luck</td>
<td>Talbott Springs</td>
<td></td>
</tr>
</tbody>
</table>

Serving the following middle schools —

Dunloggin, with transportation from Burleigh Manor

| Cradlerock, with transportation from Oakland Mills, Wilde Lake, Harper’s Choice |

Children currently enrolled in Columbia Association SAS programs (on or after May 1, 2019) 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 registered by the Friday, May 10 deadline—begins June 10 and will be by space reservation only from Monday, June 10 through Tuesday, June 18. The online space reservation system will be available beginning Thursday, May 30 at 8 am. Instructions on how to obtain a space reservation are available on our website.

Registration will be closed after June 18 and will be accepted on a space-available basis from Monday, June 24 through Friday, Aug. 16, 9 am–4 pm. Registrations will not be accepted between Saturday, Aug. 17 and Wednesday, 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 10 will be processed June 24.

**In person**
Columbia Association Headquarters
6310 Hillside Court, Suite 100
Columbia, MD 21046
Monday through Friday, 9 am–4 pm

Fax and email registrations cannot be accepted. Confirmations will be emailed within one week of receipt of completed registration packets. For more information, please call 410-715-3169 or send an email to SAS@ColumbiaAssociation.org.
### PROGRAMS AND FEES

**Columbia Association School Age Services**

#### Morning program (Pre-K/elementary only)
- **Description**: Care from 7am until the beginning of the school day
- **Fee**: $188 per month*

#### Afternoon program
- **Description**: Care from the end of the school day until 6pm
- **Fee**: $268 per month*

#### Full-day program
- **Description**: 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. Flyers and regular registration forms will also be available for the same time period. *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 2019: Mon., Sept. 30; Wed., Oct. 9; Fri., Oct. 18; Wed., Nov. 27; Mon. Dec. 23; Tues., Dec. 24; Thurs., Dec. 26; Fri., Dec. 27; Mon., Dec. 30 and Tues., Dec. 31.
- **Fee**: $55 per day for participants not enrolled in Full-day Payment Plan

#### Full-day Payment Plan
- **Description**: The Full-day Payment Plan is for all 17 full-day programs held throughout the school year. Instead of paying the regular $55 fee per each full-day program, ($935 total) the full-day participants for receive a discount and pay in ten monthly installments of $85 for a total of $850. (an $85 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 Sun., Sept. 1, withdrawal from the Full-day Payment Plan can only be done upon full withdrawal from the School Age Services Program. *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.*
- **Fee**: $85 per month for 10 months

#### Transportation middle school only
- **Description**: Transportation from selected middle schools to two program sites
- **Included in After Care price**

#### Registration
- **Nonrefundable administrative fee**: $50 per child

#### Early closing
- **Description**: 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.
- **Fee**: No additional charge

#### Inclement weather
- **Description**: 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
- **Description**: Fees assessed for payments made after the fifth day of the month.
- **Fee**: $25

#### Late pickup fees
- **Description**: 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.*
- **Fee**: $20 for 1-15 min, $40 for 16-30 min, $120 for 31-45 min, $160 for 46-60 min

---

* Fees prorated for June
The following payments must be included with registration forms.

<table>
<thead>
<tr>
<th>For registration received</th>
<th>AM only</th>
<th>PM only</th>
<th>AM and PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to July 19</td>
<td>$50 registration fee</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>July 22-Aug 16</td>
<td>★ $50 registration fee, first month's tuition fee</td>
<td>$238</td>
<td>$318</td>
</tr>
<tr>
<td>Starting Sept. 5*</td>
<td>★ $50 registration fee, two full month's tuition fees</td>
<td>$426</td>
<td>$586</td>
</tr>
</tbody>
</table>

*Note: An additional $85 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, 2019 (10% discount applied to May 3 bill)
Option two: a bi-annual two payment plan with payments due by Aug. 1, 2019, and Jan. 3, 2020 (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 26, 2019, 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, 2019, IN ORDER TO BE EFFECTIVE BY THE FIRST DAY OF SCHOOL (Sept. 3, 2019). 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 CATeens@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 2019-20

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, 2019), a Health Inventory form must accompany this form.

Child one

Child's name ___________________________ Date of birth ____________________ □ Male □ Female

School ___________________________________________ Grade Fall ’19 ____________

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

☐ Morning, $188 per month Care from 7am until the beginning of the school day
☐ Afternoon, $268 per month Care from the end of the school day until 6pm
☐ Full-day Payment Plan, $85 per month Payment plan for the 17 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, $188 per month Care from 7am until the beginning of the school day
☐ Afternoon, $268 per month Care from the end of the school day until 6pm
☐ Full-day Payment Plan, $85 per month Payment plan for the 17 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 ☐ Stepfather ☐ Stepmother ☐ 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 ☐ Stepfather ☐ Stepmother ☐ Other

Home address ___________________________________________ City ___________ State ______ ZIP __________

Is this a billing address? ☐ Yes ☐ No Email address ___________________________

Employer/school ___________________________________________

Address ___________________________________________

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 ____________________________________ Date of birth ____________________

Home phone ___________________________ Cell ___________________________ Work phone ___________________________

☐ Mother ☐ Father

Home address ___________________________________________ City ___________ State ______ ZIP __________
### Child one

<table>
<thead>
<tr>
<th>Please check the appropriate answer</th>
<th>Yes</th>
<th>No</th>
<th>Please clarify any yes answers here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you concerned about your child's general health?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child wear glasses or contact lenses?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any eye problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child wear a hearing aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any hearing problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any speech problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any allergies?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any other specific illness, disability or limiting condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, does this problem require any special health care in the SAS program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child currently receiving services based upon an IEP or 504 Plan?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, would you consider providing a copy of the IEP or 504 Plan to the SAS manager?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child require any adaptive equipment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have concerns about your child's behavior or emotional well-being that the SAS staff should know about?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child take medication?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, and medication is to be administered during the SAS program, a medication order form is required to be on file.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Child two

<table>
<thead>
<tr>
<th>Please check the appropriate answer</th>
<th>Yes</th>
<th>No</th>
<th>Please clarify any yes answers here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you concerned about your child's general health?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child wear glasses or contact lenses?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any eye problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child wear a hearing aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any hearing problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any speech problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any allergies?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any other specific illness, disability or limiting condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, does this problem require any special health care in the SAS program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child currently receiving services based upon an IEP or 504 Plan?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, would you consider providing a copy of the IEP or 504 Plan to the SAS manager?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child require any adaptive equipment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have concerns about your child's behavior or emotional well-being that the SAS staff should know about?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child take medication?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, and medication is to be administered during the SAS program, a medication order form is required to be on file.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 unattended 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 __________ City ______ State ______ ZIP ______
Authorized to pick up daily? ☐ Yes ☐ No

Name __________________________ Phone (H) __________________________ (W) __________________________
Address ___________________________________________ MD __________ City ______ State ______ ZIP ______
Authorized to pick up daily? ☐ Yes ☐ No

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 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 __________________________ Date __________________________

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 2019-2020 school year or 2019 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 2019-20 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, 2019, IN ORDER TO BE EFFECTIVE BY THE FIRST DAY OF SCHOOL (Sept. 3, 2019).
- 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.

<table>
<thead>
<tr>
<th>Child one</th>
<th>Person responsible for payment for child one ________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responsible person's signature __________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>Billing address ____________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>City ___________ State _______ ZIP ___________</td>
</tr>
<tr>
<td>Child two</td>
<td>Person responsible for payment for child two ________________________________________________</td>
</tr>
<tr>
<td></td>
<td>Responsible person's signature __________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>Billing address ____________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>City ___________ State _______ ZIP ___________</td>
</tr>
</tbody>
</table>

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, __________________________ 2019. 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. 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 ______________________________