



License #: 255007

APPLICATION FOR ENROLLMENT & CONTRACT:

• Tuition may be paid by check, money order or credit card, **although checks are preferred.**

A 3.5% credit card processing fee will be added.

- 2 day program option monthly credit card processing fee: \$12.25
- 2 day program option annual credit card processing fee: \$110.25
- 3 day program option monthly credit card processing fee: \$17.85
- 3 day program option annual credit card processing fee: \$160.65
- 5 day program option monthly credit card processing fee: \$28.88
- 5 day program option annual credit card processing fee: \$259.88

• Tuition must be paid in full by August 31st, 2026 or paid monthly on the first school day of every month. Bring your check to the classroom or leave in an envelope at the front desk to the attention of MINIS Studio.

• There will be a \$25 fee for late (one week after the first school day of every month) or returned checks. Each week late will result in an additional \$25 late fee. Please contact the Preschool Director before the first school day of the month if an extension is needed to avoid late fees.

• A non-refundable registration deposit of \$100 per family, payable to The Academy Art Museum, is required to reserve a space for your child at the time of registration. This deposit will also provide you with an Annual Family Membership to the Museum.

• In the event of withdrawal from the program, please submit a written notice at least 2 weeks in advance of the intended withdrawal date.

• There will be no prorated tuition rates, refunds or credits for partial month attendance or enrollment.

• Children must be 2 to join the program. Rolling enrollment allows them to start on the day after their 2nd birthday assuming registration paperwork is complete.

• New enrollments will be accepted after the first day of school on a case-by-case basis, depending on space availability, classroom chemistry and child readiness.

ENROLLMENT & PAYMENT OPTIONS - PLEASE SELECT YOUR CHOICE:

- 2 mornings per week (T / TH) Full Payment = \$3,150 or \$350 per month
 3 mornings per week (M / W /F) Full Payment = \$4,590 or \$510 per month
 5 mornings per week (M - F) Full Payment = \$7,425 or \$825 per month

PAYMENT OPTIONS - PLEASE SELECT YOUR CHOICE:

- My check for the deposit in the amount of \$100 payable to The Academy Art Museum is enclosed
- My method of payment for tuition will be via check
- I wish to charge my VISA Mastercard AMEX Discover card for the \$100 deposit (3.5% credit card processing fee will be added - \$3.50)
- I wish to use my credit card to have tuition payment(s) automatically processed monthly:
- I wish to use my credit card to have the whole tuition amount processed:

Card Number _____

Name on Credit Card _____

Expiration Date _____ Security Code _____

(please check the box and sign below) I HAVE READ THE ABOVE *TUITION, REGISTRATION AND ENROLLMENT INFORMATION*:

PARENT / CAREGIVER SIGNATURE DATE

(please check the box and sign below) I HAVE RECEIVED AND READ THE *FAMILY HANDBOOK & POLICIES AND THE EMERGENCY RESPONSE AND REUNIFICATION PROCEDURES*

PARENT / CAREGIVER SIGNATURE DATE

OFFICE OF CHILD CARE REQUIRED FORMS:

Before your child can be admitted into the Program, you must have the Maryland State forms completed and returned to the MINIS Studio at the Academy Preschool Director.

**** These can be picked up during Academy Art Museum Business Hours or**

**** LINKS FOR THESE FORMS CAN BE FOUND ONLINE: <https://academyartmuseum.org/events/mini-masters/>**

REGISTRATION, MEDICAL & EMERGENCY INFORMATION:

Child's Name: _____ Child's Birthdate: _____

Child's Home Street Address: _____

City, State Zip: _____

Name of Caregiver 1: _____

Cell Caregiver 1: _____

Name of Caregiver 2: _____

Cell Caregiver 2: _____

E-mail address(s): _____

If your child has a disability or special health care needs and you have an IEP or ISFP for your child, will you be willing to discuss this and share a copy with us to determine how best to meet the needs of your child? Yes _____ No _____

Does your child have any allergies or special medical conditions that the Academy Art Museum should know about? Yes _____ No _____

If so, please explain _____

Name of Child's Physician: _____ Physician's Phone: (_____) _____

Persons to call in an emergency if you cannot be reached:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Persons who have permission to pick your child up after class **(if different from above)**:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

WAIVERS:

Emergency Care:

I hereby give my permission to the Academy Art Museum personnel in charge to take necessary medical action in an emergency situation for my child when I am not immediately available.

PARENT / CAREGIVER SIGNATURE

DATE

Photo Release:

I hereby give my permission to the Academy Art Museum personnel to take photographs of my child to use in Museum magazines, on its website or for other forms of publicity. (Children's names are never used.)

PARENT / CAREGIVER SIGNATURE

DATE

Positive Behavior Guidelines (Discipline Policy):

I have read, understand and agree to the *Positive Behavior Guidelines* outlined in the *Family Handbook and Program Policies* document.

PARENT / CAREGIVER SIGNATURE

DATE

Guide to Regulated Child Care for Parents:

I have been provided with the website link to the Maryland Office of Child Care's **Guide to Regulated Child Care for Parents** where I can read and review important information about Child Care in Maryland. The website link is:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/guide_to_regulated_child_care.pdf

PARENT / CAREGIVER SIGNATURE

DATE

ADDITIONAL WAIVER FOR CHILDREN UNDER 3 YEARS OF AGE:

Infants & Toddlers Program Information for Parents:

I have been provided with the website link to the Maryland Office of Child Care's Guide for **Infants & Toddlers Program for Parents** where I can read and review important information about Child Care in Maryland. The website link is:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/infant_and_toddler_program_brochure_final.pdf

PARENT / CAREGIVER SIGNATURE

DATE