

Parent/Legal guardian *COPY*

I am the parent/legal guardian of the child named on this registration form. I verify that he/she has my permission to participate in the **All 4 ONE** program. I understand that **All 4 ONE** operates *Monday – Friday from 7am-8:30am (mornings) and 3:45pm-6:30pm (Monday-Thursday) / 1:15pm-6:30pm (Friday)* on scheduled school days. To remain in the **All 4 ONE** program, my child must abide by the rules of good conduct and the guidance of the program Director/Teacher. I understand that **All 4 ONE** has no legal obligation to provide accommodations to comply with an IEP. I am also aware that any serious acts of misbehavior on my child's part may result in his/her dismissal from the Program. I will not be refunded the registration fee after the first week of program in the event of such a dismissal.

I hereby give permission for my son/daughter to participate in all activities and field trips associated with **All 4 ONE** and to travel by **All 4 ONE** sponsored transportation. In the event of any unforeseen medical emergency, I authorize **All 4 ONE** or a designated representative to obtain medical care for my child. Confidentiality of all student records, in compliance with federal and state laws, shall be maintained by **All 4 ONE** and the Baltimore City Public School System for the mutual disclosure of student educational, medical and psychological records between their employees, agents, volunteers and contractors.

I also give my permission that **All 4 ONE** will be able to use photos or video of my child (without their name), for promotion, fundraising or on the **All 4 ONE** website/ facebook page, without compensation.

As the parent/guardian, I hereby request that the Site Director administer the above medication to my child as described in the physician's instructions. I give my written permission authorizing the administration of such medication while my child is enrolled in the All 4 ONE program. Staff is not permitted to administer prescription medication without the written consent of a parent or legal guardian. Therefore, if your child has such a need, you must complete this section and bring the appropriate medication to the program Director. ***Under no circumstance is the staff permitted to administer medication through needle injections.***

I understand that the program fee, which includes a **\$35** (for 1st child and Siblings get \$5 off... **\$30** for each sibling) non-refundable registration fee, must be submitted with this application. I am aware that failure to pay the program fee with this application may result in the cancellation of my child's registration to allow for the registration of another eligible student. I am aware that I will not be refunded for any reason after the 1st week of school. I have read the above information and information included in the packet and understands the terms and conditions for my child's participation in the **All 4 ONE** program.

Tuition Payments Information:

All 4 ONE, LLC

EFIN # 47-3171335 (for taxes)

All programs are paid by the **1st Friday of every month**. Daily drop-ins **are paid the day of.** **(LATE FEE WILL BE APPLIED THAT MONDAY AFTER DUE DATE!)**

Payments Accepted: Check, Cash, or Online Payment

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My child will attend:

Before School: M T W R F

After School: M T W R F

Usual daily arrival time _____ a.m.

Usual daily pick up time _____ p.m.

Date to start attending _____

Date to start attending _____

Parent's Signature _____ Date _____

For All 4 ONE Creative Arts Staff Use Only

Payment Information:

Cash: _____ Credit Card: _____ Check: _____ Check #: _____ Online Pay: _____

Application Received By: Name: _____ Date: _____

After School Program Student Expectations Contract

I agree to do my BEST to do these things at all times:

Be Safe

- I will stay with my group at all times
- I will follow all Safety Guidelines for outside/inside of school
- I will make sure my instructors know where I am at **ALL** times
- I will stay in control of myself – not participating in any horseplay or fighting
- I will create a safe outdoor environment for others by not throwing rocks or woodchips and etc.

Be a Participant

- I will Listen to and follow Directions
- I will raise my hand if I have something to share with the group
- I will finish tasks in a timely manner

Be Positive

- I will participate in/ try ALL activities – even if I don't like them all**
- I will have a good attitude
- I will be a good sport
- I will be open to new things
- If I say I don't like something, I will offer an idea to make it better

Be Respectful

- I will use words such as **"Please"**, **"Thank You"** and **"Yes"**
- I will **not** say **"Shut Up"**
- I will **work cooperatively** with all people **I will keep my hands to myself!**
- I will **look at people** when **they are speaking**
- I will **give everyone a chance to speak** and will **not talk over them**

If you agree to the above expectations, we as a team (teachers/students) will have a fun, entertaining, brain-enhancing, eye-popping and delightful program.

Student: _____ Date: _____

Parent: _____ Date: _____

All 4 ONE Program Rates (Chart)

BEFORE SCHOOL PROGRAM (Monday - Friday 7:00-8:30)*^

Weekly enrollment (\$25.00 per week) - Daily (as needed) enrollment (\$8.00 per day)+

Days	Cost for 1 Child	Cost for 2nd Child +
Mon – Fri	\$25.00	\$22.50
Daily (as needed)	\$8.00	\$7.20

AFTER SCHOOL PROGRAM (3:45-6:30pm)*^

__ Day(s) per week till 5:00pm (\$____.____ per month) - till 6:30pm (\$____.____ per month)

Daily (max 5 days) till 5:00pm (\$8.00 a day) - till 6:30pm (\$16.00 a day)+

Days	Cost for 1 Child	Cost for 2nd Child+	Cost for 1 Child	Cost for 2nd Child+
	5:00pm	5:00pm	6:30pm	6:30pm
1 Day per week (M-Th)	\$33.00	\$29.70	\$55.00	\$49.50
2 Days per week (M-Th)	\$66.00	\$59.40	\$110.00	\$99.00
3 Days per week (M-Th)	\$99.00	\$89.10	\$165.00	\$148.50
4 Days per week (M-Th)	\$117.00	\$105.30	\$192.50	\$173.25
5 Days per week (M-F)	\$132.00	\$118.80	\$220.00	\$198.00
Daily+	\$8.00	\$7.20	\$16.00	\$14.40

FRIDAY AFTER SCHOOL PROGRAM (1:15-6:30pm)*

- 1:15 – 4:00 \$66.00 per month
- 1:15 – 5:00 \$99.00 per month
- 1:15 – 6:30 \$121.00 per month
- Daily 4pm(\$15.00), 5pm (\$22.00), 6:30pm (\$29.00)+

Days	1 Child	2nd Child+	1 Child	2nd Child+	1 Child	2nd Child+
	4:00pm	4:00pm	5:00pm	5:00pm	6:30pm	6:30pm
Friday(ONLY)	\$66.00	\$59.40	\$99.00	\$89.10	\$121.00	\$108.90
Daily+	\$15.00	\$13.50	\$22.00	\$19.80	\$29.00	\$26.10

For Parents with 2 or more children (Cost of 1 Child + Cost of 2nd Child = Total Tuition Payment)

*Payments are due the 1st Friday of every month (**LATE FEE WILL BE APPLIED THAT MONDAY AFTER DUE DATE!**)

+Payments are paid daily (as needed 5 days max in 1 month) – (2 Fridays ONLY in 1 month)

^Siblings cost are 10% off regular tuition cost

All 4 ONE Creative Arts

Frequently Ask Questions

1. When are payments due?

Payments are due the **1st Friday** of every month.

Monday will be charged a past due payment fee of \$5. Accounts not paid in full by the close of business on Monday will also incur a late fee of \$5 per day until payment is made in full.

2. Do you accept vouchers? No we don't.

3. Do you accept payments online?

YES (online payment fees are applied) **Paypal.me/all4onecreativearts – CashApp \$all4onecreativearts**

4. If I have a question regarding payment who do I speak with?

You speak with the director on site or contact the **Office Manager @ 410-934-0331**

5. What if I am running late?

Please contact staff at the site.

Via email all4onemaryland@gmail.com or text to 410-934-0331

6. Are the Teachers Certified?

Yes, all Teachers are **experienced** and **certified**, and all staff are **experienced** and **CPR/ First Aid Certified**.

7. Will payments be adjusted for school closings, spring breaks etc.?

There are no adjustments in payments for holidays, spring break, school closings or days missed. The cost of tuition only changes for the month of **June**.

8. Are meals provided?

Yes, children will be served a cold or prepackaged snack (in the afternoon). Children who attend the Early Risers program may bring a morning snack from home.

9. Who do I talk to if I have a problem regarding my child or the program?

You speak with the Director or Assistant Director on site, contact the program **@ 410-934-0331**, or email the program office at **all4onemaryland@gmail.com**.

10. If I want to opt- in or out of receiving text messages regarding the program?

TEXT **@a4oparents** to the number **81010** (You will receive a welcome text from Remind)

If anyone has trouble with 81010, they can try texting @a4oparents to (410) 946-1387

You can opt-out of messages at any time by replying, **unsubscribe @a4oparents**