

# All 4 ONE Creative Arts

Creating, Educating, and Inspiring since 2014

## ALL 4 ONE

### **About Us:**

All 4 ONE is a highly collaborative, joyful organization where every child is known well and appreciated for their unique attributes. Committed to instilling in our students a love for learning and an appreciation for intelligence in its multiple forms, our talented faculty provides an outstanding educational experience that equips students with a strong academic foundation and valuable life skills. We employ a constructivist philosophy to allow students to continually reflect on their own learning, pose their own questions, and pursue answers in a structured, but personalized environment.

At All 4 ONE, we strive to reach our goals through student-centered instructional approaches, cooperative, project-based learning activities, and an integration of the arts into the core curriculum. Children at all grade levels are guided to make connections about what they learn to the world around them. Throughout the year, students have the chance to showcase their work and talents in Baltimore City.

### **Mission:**

The mission of ALL 4 ONE is to provide Kindergarten to 12th-grade students of Baltimore with an innovative, high-quality programs that focuses on a creative arts-integrated, hands-on curriculum, with the overall goal of giving our students a lifetime appreciation of learning and the development of their unique talents and abilities during out-of-school hours.

### **Program:**

#### **Early Risers Program** (morning program)

During the morning program there will be creative play or creative activity with morning motivation.

#### **After School Program**

Our daily after school programs provide school aged students with a safe and secure space to learn and grow. Students receive access to a Creative Arts Curriculum and a full afternoon schedule of activities which includes Music, Dance, Arts, Drama, Crafting, Computers, Movies, Outdoor Sports, and more are offered each week and a set number of events (during the school year)\*. Students are assigned to classes based on age, and take part in developmentally appropriate activities. Student to teacher ratios remain small.

**\* A cold snack or prepackaged snack will be provided daily**



## All 4 ONE Creative Arts Program Rates and Hours

There are significant costs associated with operating an enriching and fully staffed before and after school program with ample resources to engage and support our children.

- Families who wish to enroll in the Before and/or After school program will sign a contract with a \$40 deposit (\$35 *for each additional child*)
- Contact [all4onemaryland@gmail.com](mailto:all4onemaryland@gmail.com) to sign up or for concerns
- Contact [all4onetuition@gmail.com](mailto:all4onetuition@gmail.com) for billing questions

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

**MORNING enrollment can be paid WEEKLY or MONTHLY (\$35.00 per week or \$140.00 per month)**

Days	Cost for 1 Child	Cost for 2nd Child +
Mon – Fri	\$35.00	\$33.00
Daily (as needed)	\$10.00	\$9.00

**AFTER SCHOOL PROGRAM (3:25-6:00pm) \*^ AFTERNOON enrollment is paid MONTHLY**

Days	Cost for 1 Child	Cost for 2nd Child+	Cost for 1 Child	Cost for 2nd Child+
	5:00pm	5:00pm	6:00pm	6:00pm
1 Day per week (M-Th)	\$40.00	\$37.00	\$60.00	\$57.00
2 Days per week (M-Th)	\$70.00	\$67.00	\$115.00	\$112.00
3 Days per week (M-Th)	\$115.00	\$112.00	\$175.00	\$172.00
4 Days per week (M-Th)	\$120.00	\$115.00	\$200.00	\$198.00
5 Days per week (M-F)	\$140.00	\$137.00	\$230.00	\$227.00
Daily+	\$10.00	\$9.00	\$20.00	\$18.00

**FRIDAY AFTER SCHOOL PROGRAM (1:15-6:00pm) \* AFTERNOON enrollment is paid MONTHLY**

Days	1 Child	2nd Child+	1 Child	2nd Child+	1 Child	2nd Child+
	4:00pm	4:00pm	5:00pm	5:00pm	6:00pm	6:00pm
Friday(ONLY)	\$70.00	\$67.00	\$105.00	\$97.00	\$125.00	\$122.00
Daily+	\$20.00	\$17.00	\$27.00	\$24.00	\$35.00	\$32.00

**The \$40 sign-up fee is due when the contract is signed.** All programs are paid monthly, daily drop-ins are paid the day of. If you are late picking your child up from the program you will be charged a **\$15 late fee for each occurrence**. Unfortunately, failure to remain current with the program fees may cause your child to no longer be able to participate in the program.

**\*Payments are due the 1<sup>st</sup> Friday of every month**

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

-Student must be registered in the Before or After School program for 2 days a week or more ~Friday is included in cost

***Payments made to: All 4 ONE Creative Arts***

# Before/After School Program

## Policies and Procedures

**Guidance** (Please review the following guidance procedures with your children.)

Our goal is to establish and maintain a behavior management system which will reinforce the following positive behaviors:

- Respect Others
- Respect Property
- Stay with your Group
- Leave Personal Belongings at Home

If my child's behavior seriously violates the safety of any child or staff, I understand that he/she may be temporarily excluded from the program. In these circumstances, I agree that a parent or authorized adult will pick up my child within 30 minutes of notification.

### **Discipline**

1. Should inappropriate behavior occur, the concern will be discussed with the students, and a verbal warning will be given.
2. Should inappropriate behavior continue; a second warning will be given, and the parents will be notified.
3. Should inappropriate behavior continue, a third warning will be given, and the student will be suspended for \_\_\_ day(s).
4. Continued behavior problems may result in permanent dismissal. (Refunds will not be given.)

Parents may set up a meeting with the program director to discuss individual needs and concerns. We use a consistent, positive approach including redirection, diversion and separation, always promoting self-discipline. Parents will be notified if there is a consistent behavior problem.

### **Illness**

It is in the best interest of your child and the other children if you keep your child at home when he or she is ill. Children with fever, diarrhea, or vomiting will not be admitted to the program. If a child becomes ill while at the program, the parent will be called immediately to pick up the child. Parents will be notified regarding contagious illnesses. Children will be readmitted when they are no longer contagious.

### **Medication**

In accordance with state law, we will not dispense any medication to any child without advance written consent from the parent or guardian. Prescription medication may be given only to the child for whom it is prescribed. Over the counter medication must have the child's name clearly printed on the container. The parent must complete a "Parent Permission to Administer Medication" form, and give the form and the medication directly to the director in charge. All medication must be in its original container. If these steps are not completed, medication will not be administered. Students who are required to take medication during program hours must have a written consent from the parent and the doctor administering the medication. Forms for this purpose are available from the director. All medication must be in its original container with an accurate pharmacy label intact.

## **Health & Safety**

All 4 ONE extremely well-versed in keeping children and families safe in this new environment. We follow all health and safety guidelines set forth by the Maryland Department of Health, the CDC, and state and local officials, including:

- Maintaining small groups. Students will remain in their groups; Groups are not able to mix.
- Students are required to always wear a mask. Staff also use gloves when necessary (in snack handling and first aid).
- temperature checks and health screenings for staff and students.
- Drop-off and pick-up will be at the side door (on PE side). Staff will complete the health screening questions and check temperatures (for morning program students). Masks are required for everyone drop-off and pick-up.
- Frequent hand washing by staff and students throughout the day, between activities and use of equipment.
- Social distancing - floor markers, signage, and more will be used to designate safe distance.
- Limiting shared supplies and disinfecting all supplies after each use.
- Propping interior doors open where appropriate to reduce contact points.
- Cleaning and sanitizing of high touch points using approved disinfectant and practices.

## **Attendance and Late Pick-Up**

Parents must notify staff if their child will be late or absent. This is for the safety of the child. If the child is registered to come and does not appear, we will check first with the school to see if the child was absent, and then we will call the parent and emergency contact numbers to locate the child.

## **Child Pick-Up and Drop-Off**

Children are marked off by way of attendance and parents must sign the child and notify a staff member when a child is leaving. Parents are required to come in and pick-up their child and sign the child out. Parents will give the program the names of all persons authorized to pick up their children. Staff will ask for picture ID of anyone they do not know. Persons not listed as authorized to pick up will not be allowed to check out a child. I understand that my child must be checked out either by computer or manually, both upon arrival and departure, by the person delivering/picking up the child.

***If you are late picking your child up from the program you will be charged a \$8 late fee 5 minutes after program closes (and an added \$10 every 15 minutes thereafter).***

## **Inclement Weather Policy**

In the event of inclement weather, we will follow the policy lead for the school delays and cancellations. If your school is delayed, the program will be in session (in the morning, but delayed 2 hours) If your school is cancelled, the program will be cancelled. In the event that the program is in session, and the weather becomes dangerous, the parents are encouraged to arrive early to pick up their children from the program. Please be sure to call ahead and make an arrangement for someone to meet you at the door if needed.

## **Tuition Payments**

All 4 ONE, LLC

EIN # 47-3171335 (for taxes)

All programs are paid by the **1<sup>st</sup> Friday of every month\***, daily drop-ins **are paid the day of.**

Fee:

**Late Payment: \$5.00 (per day)**

*Monday will be charged a late 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.*

**Returned Check \$ 40.00**

*This fee must be paid along with tuition payment. There is never an over charge on return check fee the payment is the amount that the bank charges*

Fee:

**Online Tuition Payments: \$0.00 Fee ( Zelle and Cashapp)**

*Your tuition payment + \$0.00 (online payment fee) = Total*

**Repeated occurrences of lateness/unsuccessful payment may result in termination of service. Unfortunately, failure to remain current with the program fees may cause your child to no longer be able to participate in the program.**

**ALL 4 ONE APPLICATION**

**PLEASE PRINT CLEARLY**

**Student's Name** \_\_\_\_\_ Age \_\_\_\_\_ B.D. \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Student's Name** \_\_\_\_\_ Age \_\_\_\_\_ B.D. \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Cell/Other# \_\_\_\_\_

Home Address \_\_\_\_\_ zip: \_\_\_\_\_

Email address \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Cell/Other# \_\_\_\_\_

Home Address \_\_\_\_\_ zip: \_\_\_\_\_

Email address \_\_\_\_\_

**If neither can be reached,**

Contact \_\_\_\_\_

Day Phone(s) \_\_\_\_\_ Eve. Phone \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ Phone \_\_\_\_\_

My child has permission to: \_\_\_ Walk home \_\_\_ Take the bus home \_\_\_ Leave with (other than parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_

**About My Child**

**THINGS MY CHILD DOES WELL**

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**WHAT MY CHILD LIKES AND DISLIKES**

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**THINGS I AM WORKING ON WITH MY CHILD**

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**MY CHILD ENJOYS THESE ACTIVITIES**

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**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES**

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Does your child receive special education services during the school year?

\_\_\_/\_\_\_ Yes \_\_\_/\_\_\_ No

If yes, do you give All 4 ONE staff permission to obtain a copy (if needed) of your son/daughter's Individual Education Plan (IEP)?

\_\_\_/\_\_\_ Yes \_\_\_/\_\_\_ No If yes, please describe any special needs or concerns.

**Please rate your child's ability:**

**Reading:** \_\_\_/\_\_\_ Above Average  
\_\_\_/\_\_\_ Average \_\_\_/\_\_\_ Below Average

**Listening:** \_\_\_/\_\_\_ Above Average  
\_\_\_/\_\_\_ Average \_\_\_/\_\_\_ Below Average

**Writing:** \_\_\_/\_\_\_ Above Average  
\_\_\_/\_\_\_ Average \_\_\_/\_\_\_ Below Average

**Grammar:** \_\_\_/\_\_\_ Above Average  
\_\_\_/\_\_\_ Average \_\_\_/\_\_\_ Below Average

*Please note that we will do our best to meet the needs of special education participants however All 4 ONE has no legal obligation to provide accommodations to comply with an IEP.*

**My child will attend:**

Before School: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ R \_\_\_ F

Usual daily arrival time \_\_\_\_\_ a.m.

Date to start attending \_\_\_\_\_

After School: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ R \_\_\_ F

Usual daily pick up time \_\_\_\_\_ p.m.

Date to start attending \_\_\_\_\_

**Allergies/Medication/Concerns**

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## 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 3:25pm-6:00pm (Monday-Thursday) / 1:15pm-6:00pm (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/ Instagram 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 **\$40** (for 1<sup>st</sup> child and Siblings get \$5 off... **\$35** 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 1<sup>st</sup> 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 **1<sup>st</sup> 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**

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 3:25pm-6:00pm (Monday-Thursday) / 1:15pm-6:00pm (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.

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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: \_\_\_\_\_

**Received:**

In Person \_\_\_\_\_ E-Mail \_\_\_\_\_ Online \_\_\_\_\_ Other \_\_\_\_\_

# 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:** \_\_\_\_\_

## Emergency Form

PLEASE PRINT ALL DETAILS CLEARLY

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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Home Address:

\_\_\_\_\_

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date of Birth</b>
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Cell #: Area Code (       )       Home #: (       )

Insurance Information:

Insurance member ID: \_\_\_\_\_

MSM

Other: \_\_\_\_\_

Please list the people you would like to be notified in case of emergency, including a local contact.

**ONLY WORKING NUMBERS PLEASE!**

IN CASE OF EMERGENCY CONTACT:

**(1) Name & Relationship**

\_\_\_\_\_

\_\_\_\_\_

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Daytime Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

**(2) Name & Relationship**

\_\_\_\_\_

\_\_\_\_\_

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Daytime Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

**Are you allergic to anything?** Yes / No \_\_\_\_\_

If yes, please list all allergies.

**Are you taking any medication we should be aware of?** Yes / No \_\_\_\_\_ If

yes: Please list all medications we should be aware of:

**Do you have any medical/mobility/mental health concerns of which we should be aware?** Yes / No \_\_\_\_\_

If yes, please list medical/mobility/mental health concerns that we should be aware of:

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**The information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.**

**In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

All 4 ONE Program Rates (Chart)

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

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4 Days per week (M-Th)	\$120.00	\$115.00	\$200.00	\$197.00
5 Days per week (M-F)	\$140.00	\$137.00	\$230.00	\$227.00
Daily+	\$10.00	\$9.00	\$20.00	\$18.00

**FRIDAY AFTER SCHOOL PROGRAM (1:15-6:00pm) \***

**AFTERNOON enrollment is paid MONTHLY**

Days	1 Child	2nd Child+	1 Child	2nd Child+	1 Child	2nd Child+
	4:00pm	4:00pm	5:00pm	5:00pm	6:00pm	6:00pm
Friday(ONLY)	\$70.00	\$67.00	\$105.00	\$97.00	\$125.00	\$122.00
Daily+	\$20.00	\$17.00	\$27.00	\$24.00	\$35.00	\$32.00

**For Parents with 2 or more children (Cost of 1 Child + Cost of 2<sup>nd</sup> Child = Total Tuition Payment)**

**\*Payments are due the 1<sup>st</sup> 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 \$2-\$5.00 Off regular tuition cost**

***Payments made to: All 4 ONE Creative Arts***

# All 4 ONE Creative Arts

## Frequently Ask Questions

### 1. When are payments due?

Payments are due the **1<sup>st</sup> 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): **No Fee for Cashapp or Zelle**

**Zelle - use email address: [all4onecreativearts@gmail.com](mailto:all4onecreativearts@gmail.com) Cashapp - use: [\\$all4onecreativearts](https://www.cashapp.com/$all4onecreativearts)**

**\*\* In NOTES section please include what kind of tuition payment and the student(s) name \*\***

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

You speak with the director or assistant 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](mailto:all4onemaryland@gmail.com) , text to 410-934-0331 , or out text app @a4o2022**

### 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](mailto:all4onemaryland@gmail.com)**.

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

TEXT **@a4o2022** to the number **81010** (You will receive a welcome text from Remind)

*If anyone has trouble with 81010, they can try texting @a4o2022 to (410) 946-1387*

You can opt-out of messages at any time by replying, **unsubscribe @a4o2022**



**Payments Accepted: Cash, Check, Online  
(plus, online payment fee)**

**IF PAYMENT ARRANGEMENTS NEED TO BE MADE, PLEASE CONTACT US ASAP!**

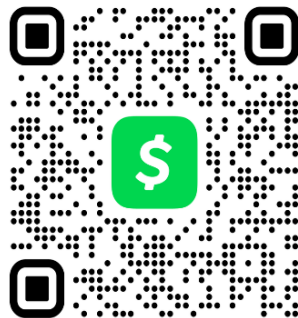
**Pay Tuition online**

**Cashapp**  
**Zelle**

**Online Tuition Payments: No Fee for Cashapp or Zelle**

**Zelle payment use email: [all4onecreativearts@gmail.com](mailto:all4onecreativearts@gmail.com) or phone: 410-790-6406**

**\*\* In NOTES section please include what kind of tuition payment and the student(s) name \*\***



Jill

Scan to pay \$all4onecreativearts



**zelle®**