

PROGRAM REGISTRATION

PERSONAL INFORMATION

CHILD'S NAME: _____

BIRTHDATE (month/day/year): _____

MOTHER'S INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

FATHER'S INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

MEDICAL INFORMATION

Any allergies or medical conditions that may limit participation in activities: _____

Medications: _____

Pediatrician: _____ Phone: _____

PROGRAM REGISTRATION

____ NURSERY SCHOOL PROGRAM for ages 2 ½ -5 years HOURS: Mon-Fri 9:00am-12:30pm

Early childhood curriculum and activities daily, including music, art, science, nature, and outdoor activities.

Tuition: \$640/month

Depending upon enrollment, an afternoon program is available from 12:30 to 3:30pm. Indicate your interest in afternoon enrollment by checking day(s) below.

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

PM Tuition: 1 day \$125/month; 2 days \$250/mo; 3 days \$325/mo; 4 days \$400/mo; 5 days \$475/mo; Drop In \$50/day

EMERGENCY CLOSINGS

Cabin John/Brookmont Children's Program follows the Montgomery County Public Schools calendar for school holidays and emergency closings. If MCPS announces a one or two-hour delayed opening, CJBCP will follow accordingly with a delayed opening. On MCPS scheduled early release days, the extended day program operates on a normal schedule. If an emergency early dismissal is announced, the extended day program will be closed.

GENERAL RELEASE OF LIABILITY AND PARTICIPATION AGREEMENT

I hereby release Cabin John/Brookmont Children's Program, its directors, and employees from any claims for unintended or unavoidable injuries, damages, or losses that may arise from my child's participation in program activities. I authorize the school to seek emergency treatment for illness or accident in the event that the parent(s) cannot be reached. I give permission for my child to participate in the program above, including walks, activities, or trips in the community.

NAME (print): _____

Parent/Guardian

SIGNATURE: _____ DATE _____