



**CABIN JOHN/BROOKMONT CHILDREN'S PROGRAM, INC.**

4000 Virginia Place ~ Bethesda, MD 20816  
(301) 320- 6780 ~ www.brookmontkids.org

**PROGRAM REGISTRATION**

**PERSONAL INFORMATION**

CHILD'S NAME: \_\_\_\_\_  
BIRTHDATE (month/day/year): \_\_\_\_\_

**PARENT'S INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**PARENT'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 -5 years                      HOURS: Mon-Fri 9:00am-12:30pm  
Early childhood curriculum and activities daily, including music, art, science, nature, and outdoor activities.  
**Tuition:** \$680/month

\_\_\_\_PM PROGRAM Hours: Mon-Fri 12:30 to 3:30pm. Indicate your 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

Depending upon enrollment, an extended afternoon program is available from 3:30 to 5:00pm.

\_\_\_\_SUNSETTERS PROGRAM    Hours: Mon-Fri 3:30pm-5PM. Please see separate enrollment form for details.

**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 \_\_\_\_\_