



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: \$695/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