



13205 Old Marlboro Pike, Upper Marlboro, MD 20772  
301-574-5103

### Registration/Application Form

Application Date \_\_\_\_\_

Start Date \_\_\_\_\_

#### **Type of Program: Check One**

- Preschool (Age 2-4)
- School (Age 5-10) After Care
- Summer Enrichment (Age 5-12)

#### **Student Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_

#### **Parent/Guardian Information**

Mother Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Home Number \_\_\_\_\_ Email address \_\_\_\_\_

Father Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Home Number \_\_\_\_\_ Email address \_\_\_\_\_

Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Home Number \_\_\_\_\_ Email address \_\_\_\_\_



**Emergency Medical Information**

Allergies or Intolerance to Food, Medication or other Special Needs:

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Office Number \_\_\_\_\_

**Emergency Contact Information**

If I/we cannot be reached, Antioch Child Care Center staff have our permission to contact the following person(s) to pick up my child(ren) on my/our behalf.

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Phone number \_\_\_\_\_

Persons authorized to pick-up my child DAILY.

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

(Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child)

**Registration Information**

Check One

Full-Time     Part-Time

Minimum of three days (days cannot be changed once selected)

Monday     Tuesday     Wednesday     Thursday     Friday

Non-Refundable Registration Fee (MUST accompany this registration form). Please call center for more information.

- Preschool (Age 2-4)
- School (Age 5-10) After Care
- Summer Enrichment (Age 5-12)



I/we agree to follow the policy of the childcare program at all times. I/we agree to sign the Contract associated with enrollment and agree to pay all tuition and other related fees on time. I/we will give the center a written two weeks' notice when withdrawing my/our child. I/we understand the security deposit will be credited to the last week of service if a two weeks' notice is submitted to the Director and/or the Office Manager. I/we understand that there are no refunds for absenteeism for any reason. I/we understand that I/we will only receive a discount for approved vacation weeks, twice a year, at the discounted rate of 20% off the tuition (Full-Time enrollee only).

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_