



Town of North Brentwood

P.O. Box 196

North Brentwood, Maryland 20722

Office: (301) 699-9699 | Fax: (301) 699-1824

Summer Fun Learning Program Registration Form

PARTNERSHIP WITH:

NORTH BRENTWOOD CITIZENS ASSOCIATION

NORTH BRENTWOOD COMMUNITY CENTER

KINDERGARTEN – 5TH GRADE

SATURDAYS ONLY

JULY 7 – AUGUST 11

10 AM – 12:30 PM

LUNCH PROVIDED FREE

North Brentwood Community Center | 4012 Webster Street | North Brentwood, MD. 20722

Personal and Contact Information

This form must be completed in full for each participant to be registered.

1. PARTICIPANT INFORMATION

Participant Name: _____

Age: _____ DOB: _____

Male: _____ Female: _____

Parent/Guardian's Full Name:

Email Address: _____

Street Address: _____

City/State/Zip: _____

Mother/Guardian Name: _____

(H) _____ (W) _____

(Cellular phone) _____

Father/Guardian Name: _____

(H) _____ (W) _____

(Cellular phone) _____

Emergency Contact 1

Name: _____

(H) _____ (W) _____

(cellular phone) _____

Emergency Contact 2

Name: _____

(H) _____ (W) _____

(cellular phone) _____

Maryland School attended this year:

Release Information

3. PARTICIPANT RELEASE AUTHORIZATION

The North Brentwood Summer Fun Learning Program is authorized to release my Child, _____ (Participant's Name) to the following individuals who may pick up my child from the Program. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave the program with anyone not listed below. All authorized individuals will be required to show identification. Please notify us when someone other than the guardian will be picking up your child.

Please list the name, telephone number and relationship to the camp participant.

1. Name: _____

Telephone Number: _____ Relationship: _____

2. Name: _____

Telephone Number: _____ Relationship: _____

3. Name: _____

Telephone Number: _____ Relationship: _____

4. Name: _____

Telephone Number: _____ Relationship: _____

Departure Procedure:

You must sign the child in and out each Saturday.

4. LATE PICK UP POLICY

Please be courteous of the volunteers' time. This is a FREE program and everyone should drop off and pick up their child at the allocated times, no earlier and no later.

5. PHOTO RELEASE/AUTHORIZATION

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants for use in North Brentwood publications and the website may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances.

X _____ Date: _____
SIGNATURE OF PARENT/GUARDIAN

Print name of parent/guardian

Health/Medical Information

1. HEALTH INFORMATION

Please Note: A participant who does not attend a Maryland public or private school, Kindergarten through 12th grade must attach an age appropriate immunization record to this form (i.e., home schoolers, out of state schools). Is this participant exempt from immunization for religious or medical reasons?

Yes ___ No ___

If yes, the Maryland Department of Health and Mental Hygiene Immunization Certificate must be completed and attached to this form.

Primary Care/Clinic Name: _____

Phone Number: _____

Health Insurance Co.:

Policy # _____ Phone Number: _____

Date of last tetanus or DPT shot **(required by state law)**
Month/Year) :

Please list all health related diagnoses with medications
and dosage that apply to this child:



RETURN THIS APPLICATION BY JUNE 25, 2018

MAIL:

TOWN OF NORTH BRENTWOOD, P.O. BOX 196
NORTH BRENTWOOD, MARYLAND 20722

OR EMAIL:

PROBINSON@NORTHBRENTWOOD.COM