



## **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 FREE PROGRAM!**

**JULY 13 – AUGUST 10**

**10 AM – 12:30 PM**

**LUNCH PROVIDED**

**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 28, 2019**

**MAIL:**

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

**OR EMAIL:**

PROBINSON@NORTHBRENTWOOD.COM