



Casey Community Center 810 S. Frederick Ave.  
Gaithersburg, MD 20877 301-258-6366

# Creative Tot Time Preschool Registration 2017 - 2018 SCHOOL YEAR

Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Received a copy of birth certificate: Y  N

<b>CLASSES MEET:</b>	<b>Tuesday/Thursday (3's)</b>	<b>September 5</b>
	<b>Monday/Wednesday/Friday (4's)</b>	<b>September 6</b>
<b>THREE year olds:</b>	<b>9 – 11:30 a.m. (T/TH)</b>	<b>FOUR year olds: 9 – 11:30 a.m. (M/W/F)</b>
<input type="checkbox"/> Residents:	\$700	<input type="checkbox"/> Residents: \$975
<input type="checkbox"/> Nonresidents:	\$825	<input type="checkbox"/> Nonresidents: \$1150
<input type="checkbox"/> Room D	#46333	<input type="checkbox"/> Room B #46334
<b>Fees:</b>		
<ul style="list-style-type: none"> <li>■ 25% of fees are due at time of registration- now through Aug. 1</li> <li>■ 50% of fees are due <u>after</u> Aug. 1</li> <li>■ Registration total includes a \$35 non-refundable fee</li> <li>■ Registration begins: 2/1/17 for Residents and 2/8/17 for nonresidents</li> <li>■ Children must be 3, 4 or 5 years old by Dec. 31, 2016</li> <li>■</li> </ul>		
<input type="checkbox"/> Payment in Full <input type="checkbox"/> Payment Option Plan <b>Installment Dates:</b> August 1    October 1    November 1		

You may choose to pay in full at the time of registration or select the payment plan option. The payment plan option, which must be chosen at the time of registration, divides your fee into four (4) equal payments. 25% of the fees will be due at the time of registration, with the remaining installments becoming due on August 1, October 1 and November 1. You **MUST** register early to take advantage of this opportunity because the payment due dates will not be changed.

Children enrolled in the Creative Tot Time Program **MUST** be potty trained. They must also be able to follow directions given by the teacher, sit quietly when asked and be able to function within the classroom without the guidance of a parent or other attendant.

I hereby grant permission for my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees, and agents will not be responsible for any personal property lost by my child or for any injury sustained in the program. I also consent to the City's use of photographs and/or video tapes made of the program for brochures and social media.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

The City of Gaithersburg is committed to making reasonable accommodations as required by the American with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed: \_\_\_\_\_  
\_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_

Visa  MC  Discover  Am Ex  \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Printed Name:(card name) \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY:** Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_ Resident: Y  N

Rev 1/8/17