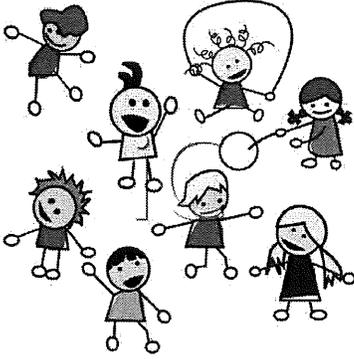


Casey Community Center 810 S. Frederick Ave.
Gaithersburg, MD 20877 301-258-6366



Mom's Morning Out**

SUMMER

Tuesdays

9:30 a.m. - 1:30 p.m.

2 - 5 years olds



Parent's Last Name: _____ Parent's First Name: _____

Address: _____

City/State/ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Child's Name: _____

Male Female Date of Birth: _____ Received a copy of birth certificate?: Y N

Classes meet first four Tuesdays of each month!

Session I- #44827
June 7 - July 12

Session II- #44828
July 19 - August 23



Children enrolled in MOM'S MORNING OUT.....

MUST 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.

MUST be potty trained!

MUST NOT have attended kindergarten.

Fees (per session):

- Residents \$135
- Nonresidents: \$142.50

Registration total includes a \$35 non-refundable fee!

THERE MUST BE AT LEAST EIGHT CHILDREN REGISTERED FOR THE PROGRAM FOR EACH SESSION.

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 updt'd 4/11/16