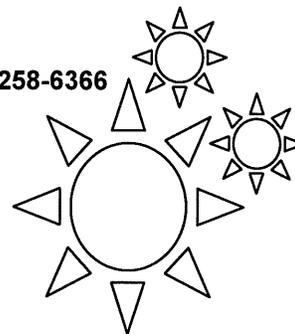




Creative Tot Time Preschool SUMMER 2016 Registration



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: Monday/Wednesday June 20 – July 27
Tuesday/Thursday June 21– July 29**

THREE & FOUR YEAR OLDS: 9- 11:30 a.m.

- Residents: \$160
- Nonresidents: \$195

- Room B (Gaither) #43740 (M/W)
- Room B (Gaither) #43741 (T/TH)

FOUR & FIVE YEAR OLDS: 9- 11:30 a.m.

- Residents: \$160
- Nonresidents: \$195

- Room D (Summit) #43742 (M/W)
- Room D (Summit) #43743 (T/TH)

Fees:

Registration total includes a \$35 non-refundable fee

Payment in full due at the time of registration!

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

Date _____

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 _____ Exp.Date: _____

Printed Name:(card name) _____

Signature: _____

OFFICE USE ONLY: Rec'd: _____ Initials: _____ Resident: Y N

REV 1/12/16