



**HEALTH/EMERGENCY and other ESSENTIAL INFORMATION:**

**Registration cannot be processed until all health information is complete.**

**For registration assistance call 240-567-7264 or 240-567-7917.**

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information:**

Current illnesses or health problems: \_\_\_\_\_

Does your child have a known allergy?  Yes  No

If Yes: Food allergy  Yes  No If No: Other \_\_\_\_\_

If Yes: Is Epi-pen required?  Yes  No *Students carrying an Epi-pen during program hours must keep their Epi-pen current/updated and with them at all times.*

Other medication: \_\_\_\_\_

Will medication need to be taken during program hours? Describe: \_\_\_\_\_

**Note: Does your child have any medication with him/her, or carry an Epi-pen as a safety precaution? If so, your child must be able to self-administer his/her medication, and you must submit the Medication Form found at [www.montgomerycollege.edu/youth](http://www.montgomerycollege.edu/youth).**

Month and year of last tetanus shot: \_\_\_\_ / \_\_\_\_

Physician's Name \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Scholarships:**

Pending funding, a limited number of partial scholarships may be available for Montgomery County students who qualify for free or reduced lunch. Submission of scholarship application does not guarantee that scholarship funds will be granted. To apply for a scholarship, complete the registration form, and attach a copy of the free or reduced meals eligibility form or a copy of your current income tax form showing total family income. Mail these forms along with a check or credit card information for the amount of the fee. *(Scholarship funds are limited and may run out prior to the May 17th request deadline. Awards made in order of first come, first served are for the amount of the TUITION ONLY for ONE COURSE PER STUDENT.)* Fees must be paid and must accompany your registration form. Call 240-567-7264 for information.

**Disability Support Services Information**

**Does your child have a disability/challenge (e.g. physical, learning, psychological, emotional, behavioral, etc.) or medical conditional that could affect his/her participation in a regular classroom environment?  No  Yes**

If yes, a staff member will be contacting you to discuss possible needs and determine if reasonable accommodations should and can be made. Montgomery College Youth Programs is committed to providing accessible education and a supportive learning environment for all students. To help us meet this goal, after you have registered, contact our WD&CE Disability Support Services counselor Natalie Martinez at [natalie.martinez@montgomerycollege.edu](mailto:natalie.martinez@montgomerycollege.edu) or 240-567-4118 at least four weeks before the start of the program to inform the College of any physical disabilities or behavioral/social challenges your child has and to arrange for reasonable accommodations. MC does not provide medical assistants or care attendants. Campers must exhibit independence and ability for self care. Parents are not permitted to attend camp with their child. The exception to this is for those attending an Intergenerational Program specifically designed for Youth accompanied by Adult(s).

**Youth Programs Only: Class Transfer and/or Class Withdrawal/Drop Fees Policy**

**Notice: New Summer Youth Transfer or Withdrawal Policies!** Be advised that there have been substantial changes to our refund policies for withdrawing / transferring students from a Youth Programs course / camp within 32 days of the start date of the class. These Youth refund policies differ from and supercede refund policies for all other non-Youth classes. For a complete listing of the transfer & drop/withdrawal policy and important dates visit: <http://cms.montgomerycollege.edu/wdce/summeryouthrefunds.html>.

**Permission Form (SIGNATURE REQUIRED FOR ENROLLMENT)**

By signing below, I affirm that the information provided on this form is correct. I agree to abide by the policies and procedures of Montgomery College Youth Programs. I understand that my child will be attending classes on an open college campus and there will be no student supervision provided outside the classroom. He/she will abide by the rules and regulation of Montgomery College, including exhibiting classroom behavior that allows for a study environment free from harassment, discrimination, and disruption. Behavior contrary to this will not be tolerated and may result in expulsion. Should a medical emergency occur, I grant authority to Montgomery College Campus Security staff to provide necessary and reasonable medical attention to my child.

**Student's Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission to have my child's photograph and/or testimonial used in promotions in connection with registration and other media campaigns produced by Montgomery College  Yes  No

**For courses indicated as [GT] (Gifted and Talented):**

The above named student has been identified as gifted and talented/honors student under the guidelines used by the Montgomery County Public Schools, and I recommend her/him for enrollment in the courses listed on the other side of this application.

**School Principal Signature (or designee)** \_\_\_\_\_ **Date** \_\_\_\_\_