

(Please use black pen and print clearly when completing this form.)

College ID Number: M 2

Birthdate Month - Day - Year

Sex Female Male

(This is your Student ID Number. If you have taken courses at MC previously, you should have one. If not, the College will assign your MC Identification Number for you.)

Child's Name Last First Middle Initial

Address House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.) Apt. #

City State Zip

Is this a new address? Yes No

Have you attended MC before? Yes No

Home Phone

Parent Cell

Parent Work Phone

Parent E-Mail

Emergency Contact Phone #

Emergency Contact Name

School Currently Attending

Grade 2019-2020

ETHNICITY: Choose one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)

Not Hispanic or Latino Hispanic or Latino

RACE: Choose all that apply, you may choose more than one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian and other Pacific Islander White

U.S. Citizen Permanent Resident (Circle one: Green Card / Working Card) Other Immigration Status (Used for tuition-setting purposes only.)

CHECK ALL THAT APPLY:

I have been a Maryland resident [as defined in the Montgomery College Catalog] for at least three months.

I have NOT been a Maryland resident [as defined in the Montgomery College Catalog] for at least three months.

Table with columns: CRN #, Course #, Course Title, Begin Date, Tuition, Fee, Non-MD Resd. Fee, Course Total. Includes CODE: SY and Total Due.

Please indicate payment by: Check (payable to Montgomery College) Credit card: MasterCard VISA Discover

Credit Card Information: Expiration date on card 3 or 4 digit Security code on your card

Credit Card Number

Name on Card

Card holder signature required Date

Montgomery College is an Equal Opportunity Affirmative Action Title IX institution.

Please mail this form with your payment or credit card information to: Montgomery College WD&CE Summer Youth Programs 51 Mannakee Street, CC 220 • Rockville, MD 20850 or FAX to 240-567-7548

HEALTH / EMERGENCY and other ESSENTIAL INFORMATION:

Registration cannot be processed until all health information is complete.

(Please use black pen and print clearly when completing this form.)

Student's Name: _____ Parent/Guardian Name: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Parent/Guardian Cell Phone: (____) _____ - _____

1. Person to be notified in case of emergency: _____ Relationship to student: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

In case above cannot be reach, please provide an alternative emergency contact: _____ 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.

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. For scholarship information and important dates visit: www.montgomerycollege.edu/youth or 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 condition 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 or 240-567-4118 at least two 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 / camps. For a complete listing of the transfer & drop/withdrawal policy and important dates visit: www.montgomerycollege.edu/youth.

Permission Form (SIGNATURE REQUIRED FOR ENROLLMENT)

- 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.

Child's Name: _____
First Last M.I.

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 _____