



13205 Old Marlboro Pike, Upper Marlboro, MD 20772
301-574-5103 Lbrame@antiochccc.com

Registration/Application Form

Application Date _____

Start Date _____

Type of Program: Check One

- Preschool 2-4
 School Age 5-10
 Before Care (only) After Care (only) Before & After Care
 Summer Camp

Student Information

Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____

Parent/Guardian Information

Mother Name _____
Address _____
City _____ State _____ Zip _____
Work Number _____ Cell Number _____
Home Number _____ Email address _____

Father Name _____
Address _____
City _____ State _____ Zip _____
Work Number _____ Cell Number _____
Home Number _____ Email address _____

Guardian Name _____
Address _____
City _____ State _____ Zip _____
Work Number _____ Cell Number _____
Home Number _____ Email address _____



Emergency Medical Information

Allergies or Intolerance to Food, Medication or other Special Needs:

Child's Physician _____ Office Number _____

Emergency Contact Information

If I/we cannot be reached, Antioch Child Care Center staff have our permission to contact the following person(s) to pick up my child(ren) on my/our behalf.

Name _____ Relationship to family _____

Phone number _____

Name _____ Relationship to family _____

Phone number _____

Name _____ Relationship to family _____

Phone number _____

Persons authorized to pick-up my child DAILY

Name _____ Relationship to family _____

Name _____ Relationship to family _____

(Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child)

Registration Information

Check One

- Full-Time Part-Time

Minimum of three days (days cannot be changed once selected)

- Monday Tuesday Wednesday Thursday Friday

Preschool

Non-Refundable Registration Fee (**MUST accompany this registration form**)

Individual \$75.00

Family \$130.00

School Age

Non-Refundable Registration Fee (**MUST accompany this registration form**)

Individual \$70.00

Family \$120.00



I/We agree to follow the policy of the child care program at all times. I/We agree to sign the Contract associated with enrollment and agree to pay all tuition and other related fees on time. I/We will give the center a written two weeks' notice when withdrawing my/our child. I/We understand the security deposit will be credited to the last week of service if a two weeks' notice is submitted to the Director and/or the Office Manager. I/We understand that there are no refunds for absenteeism for any reason. I/We understand that I will only receive a discount for approved vacation weeks, twice a year, at the discounted rate of ½ the tuition. (Full-Time enrollee only).

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Due to COVID-19, I/We agree to inform Antioch staff and the Director, in advance, when my child will not be attending school. I/We agree to inform the school of any exposure to COVID-19 in a timely manner. I/We understand that regular tuition payment is still due if my child is unable to attend due to COVID-19.

I/We understand that class sizes may increase as the State and County advance through the reopening process for more businesses and more parents have to return to work.

Parent/Guardian Signature _____

Parent/Guardian Signature _____