



13205 Old Marlboro Pike, Upper Marlboro, MD 20772  
301-574-5103 [Lbrame@antiochccc.com](mailto:Lbrame@antiochccc.com)

### Registration/Application Form

Application Date \_\_\_\_\_

Start Date \_\_\_\_\_

#### ***Type of Program: Check One***

- Preschool (Age 2-4)  
 School (Age 5-10)  
 Before Care (only)       After Care (only)       Before & After Care  
 Summer Enrichment (Age 5-12)

#### ***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 (Age 2-4)

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

Individual                      \$75.00

Family                            \$130.00

School (Age 5-10)

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

Individual                      \$75.00

Family                            \$125.00

Summer Enrichment (Age 5-12)

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

Individual                      \$70.00

Family                            \$130.00



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 \_\_\_\_\_