

2/2019

(Please use black pen when completing this form.)															
College ID Numb	er: M 2	2						Birthdate						Sex 🗀	emale Nale
(This is your Student ID Number. If you have taken courses at MC previously, you should have Month Day Year one. If not, the College will assign your MC Identification Number for you.)															
Child's Name Last								First							iddle Initial
Address House	# and Stre	eet Name (D	o NOT	use P.O	. Box o	or you	ı will	be charged	I Non-l	VId. res	sident fee.)				Apt. #
										Stat				-	
City State Zip Is this a new address? ☐ Yes ☐ No Have you attended MC before? ☐ Yes ☐ No															
Home Phone							Pare Cell	ent							
Parent Work Phone							Pare E–N								
Emergency Contact Phone #								ergency tact Name _							
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School Currently Attending Grade 2020–2021 FTUNOITY Change and Clinical and Application by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education by Markey and College but it is provided by the U.S. Paradisest of Education															
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.)															
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Please mail this form with your payment or credit card information to: Montgomery College WDCE Summer Youth Programs 51 Mannakee Street, CC 220 • Rockville, MD 20850 or FAX to 240-567-7548

This year we are transitioning to Camp Docs to maintain all the emergency information, health information, and other camp related forms. You will receive an e-mail from campdocs.com shortly after we process your child's registration form with instructions on how to enter this information in the system.

Please note that Registration/Payment Information, and Youth Transfer or Withdrawal policies may be found at www.montgomerycollege.edu/youth/registration. These policies differ from other programs at the College.

For more information on our Summer Youth Camps, please see our General Information starting on page 5.

Parent / Guardian Information and Permission Form

Registration cannot be processed until all health information is complete.

Child's Name:		
First	Last	M.I.
Parent/Guardian Name:		
First	Last	M.I.
Home Phone: ()		
Work Phone: ()		
Parent/Guardian Cell Phone: ()		
Permission Form (SIGNATURE REQUIRED FOR EN	IROLLMENT)	
 I affirm that the information provided on this forn College Youth Programs. 	n is correct. I agree to abide by the polici	es and procedures of Montgomery
I understand that my child will be attending cla provided outside the classroom. He/she will ab exhibiting classroom behavior that allows for a Behavior contrary to this will not be tolerated a	pide by the rules and regulation of Mon a study environment free from harassm	tgomery College, including
Should a medical emergency occur, I grant aut necessary and reasonable medical attention to		s Security staff to provide
Parent/Guardian Signature		Date