

**K-5<sup>th</sup> grade Extended Care Program -(revised)**

**Registration Application-MEC**

**Return along with First month Program Fee**

Student's Name \_\_\_\_\_  
First Middle Last "Nickname"  
\_\_\_\_\_ ( ) \_\_\_\_\_

Street Address Apt# City State Zip code Immediate Contact Number

**Student Data**

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_\_\_ to begin enrollment in \_\_\_\_\_ 20 \_\_\_\_\_  
month/day/year month year

**Family Data**

**Father's Name** Dr./Mr.) \_\_\_\_\_

Home address \_\_\_\_\_

Occupation \_\_\_\_\_ Job title \_\_\_\_\_

Business Name and Address \_\_\_\_\_

City State Zip area code and telephone

**Mother's Name** (Dr./Mrs./Ms.) \_\_\_\_\_

HomeAddress \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Business Name and Address \_\_\_\_\_

City State Zip area code and telephone

**Contact Data**

Please provide the name of person(s) responsible for program fees. This person(s) must sign the registration contract along with any other parent or person having custody and give address if not noted on this application:

Father's E-mail \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's E-mail \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Are parents \_\_\_ married \_\_\_ separated \_\_\_ divorced? Are there any custody concerns? \_\_\_ yes \_\_\_ no

With whom does the student live? \_\_\_\_\_

**Emergency Contact Information**

Name of person to contact if parents cannot be reached: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

Name area code and telephone

**Other Important Information**

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School attending \_\_\_\_\_

Grandparents:

Paternal: \_\_\_\_\_

Name Address area code and telephone

Maternal: \_\_\_\_\_

Name Address area code and telephone

Does family attend church? \_\_\_yes\_\_\_no Name of church \_\_\_\_\_

Parents will comply with and uphold the policies of the program. In order to continue enrollment in the program, students must be enrolled and in good standing with Montrose Christian School. If, in the opinion of the Director, school administration, and/or school board the student's conduct is unsatisfactory, the student may be suspended or dismissed from the program at any time during the school year.

The program has many expenses of a continuing nature. In order for these services to be provided over the entire year, it is essential that the annual income from program fees be received. No reduction or remission of fees will be made for absence, withdrawal, or dismissal. **Those signed below will meet all financial obligations as agreed upon at the time of enrollment into the program.**

Please be advised that failure to pay program fees at the times specified may result in the school taking actions including, but not limited to, immediate dismissal from the program, refusal to release transcripts and/or issue report cards, refusal to re-enroll the student. Any installment received more than 10 days after the due date will be subject to a \$50.00 late charge unless prior arrangements are made in writing with the Business Manager. There is a \$35 charge for returned checks.

***\$2 per minute/per child late fee applicable for every minute you are delayed after 6:05pm. ALL LATE FEES ARE TO BE PAID IMMEDIATELY UPON ARRIVAL TO STAFF MEMBER. Pickup late fees can not be billed. \_\_\_\_\_***  
***(Parent/Guardian Initials)***

**\*Payment Options:** #1 \_\_\_\_\_ \$2140. **total one time full year** (Aug-May)

(Please check one) #3 \_\_\_\_\_ \$250 **per month plan** (Sept-Oct & Jan-May)-\$25(Aug)-\$195(Nov)-\$195(Dec)

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**Applications not signed or without payment option checked will be returned.**

**By signing this application I agree that all of the information is to my knowledge accurate and complete. I further agree to the policies and conditions of Montrose Extended Care.**

\_\_\_\_\_  
**Parent(s)/Guardian(s) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent(s)/Guardian(s) Signature**

\_\_\_\_\_  
**Date**

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*Mail completed and signed application with a \$250 fee for the first month of service to Montrose Extended Care, 5100 Randolph Road, Rockville, MD 20852. For additional information, please contact the Director, at 301-770-5335 ext. 423.*