

MAIL TO:
ANNE ARUNDEL COUNTY DEPARTMENT OF RECREATION AND PARKS
SCHOOL AGE CHILD CARE DIVISION
1 HARRY TRUMAN PARKWAY, SUITE 105, ANNAPOLIS, MD 21401

PLEASE PRINT CLEARLY

Child's Name _____

Program Location _____ AM Program _____ PM Program _____

Center currently enrolled in _____

Birth Date _____ Age _____ Grade 8/09 _____

Parent/Guardian's Name _____ Work Phone _____

Parent/Guardian's Name _____ Work Phone _____

Address _____

City _____ MD Zip Code _____

Telephone: Home _____ Date to start program _____

Emergency Contact _____ Emergency Phone _____

E-Mail Address _____

A non-refundable registration fee of \$25.00 is due for each new child upon return of this registration form.

If your child has a physical or mental condition that would limit his or her participation in our program and you believe we can accommodate the needs of your child, please describe any accommodations you are requesting on behalf of your child. Use additional pages if needed.

In the past my child has participated in _____ Family Day Care _____ Center Day Care

_____ Both Family and Center Day Care _____ No previous Day Care program

Does your child take any medication including, but; not limited to oral medications, inhalers, and epi-pens on a regular basis?

_____ Yes _____ No

Does your child have any allergies? _____ Yes _____ No

I hereby give permission for my child to attend all trips and activities sponsored by the Anne Arundel County Department of Recreation and Parks. In consideration of the Department accepting my child into this program, I agree to release and discharge Anne Arundel County, its employees and agents from any injuries sustained by my child as a result of participation in this program. I agree to indemnify and hold harmless Anne Arundel County, its employees, and agents against liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees, and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing physical disability, including but not limited to allergies. The Department will be notified of any such disability or sensitivities in writing prior to enrollment in this program.

Signature _____

Date _____