

HEALTH INFORMATION:

Student's Name: _____

Parent's Name: _____

Person to be notified in case of emergency: _____

Relationship to student: _____

Day Phone: (_____) _____ - _____ Ext. _____ Evening Phone (_____) _____ - _____

Medical Information: Known allergies: _____

Current illnesses or health problems: _____

Current medication: _____

Physician's Name _____ Phone No.: _____

SCHOLARSHIPS:

Pending funding, a limited number of partial scholarships may be available for Montgomery County students who qualify for the free and reduced meals program. To apply for a scholarship, complete the registration form, check the box indicating that you are requesting a scholarship, and complete the credit card information for the amount of the fee. Scholarship awards cover the amount of the tuition only for one course per student. Fees must be paid. Mail a copy of your free or reduced eligibility form or a copy of your current income tax form showing total family income to Ms. Sharon Wolfgang, 51 Mannakee Street, Room CC 220, Rockville, MD 20850. Registration is not complete until all appropriate forms are received. For further information, call 240-567-7264.

DISABILITY SUPPORT SERVICES:

Montgomery College Youth Programs is committed to providing accessible education and a supportive learning environment for all students. To help us meet this goal, after you have registered, contact Disability Support Services at 240-567-1819 or TTY 240-567-7931 at least three weeks before the start of the program to inform the College of any physical disabilities or behavioral/social challenges your child has and to arrange for reasonable accommodations. MC does not provide personal medical assistants or care attendants. Parents are not permitted to attend camp with their child. Campers must exhibit independence and ability for self care. (See: Workforce Development & Continuing Education Schedule of Noncredit Classes for a complete listing of services available for students with disabilities.)

HEALTH SERVICES:

Should a medical emergency occur, trained personnel from the Campus Security Office will be available to render aid. Youth Programs staff and faculty cannot administer any medication, prescription or non-prescription over-the-counter (OTC) medication to students.

PERMISSION FORM:

I affirm that the information recorded on this application is correct. My child is a Maryland resident and lives in _____ County. I understand that my daughter/son will be attending classes on an open college campus and there will be no supervision provided outside the classroom. S/he will abide by the rules and regulations of Montgomery College. Should a medical emergency occur, I grant authority to the Montgomery College Campus Security staff to provide necessary and reasonable medical attention. I grant permission for my daughter/son to leave the assigned classroom either for a snack, a group meeting outside, or information gathering.

Child's Name Parent/Guardian Signature Date

I give my permission to have my child's photograph and/or testimonial used in media promotions in connection with registration and other media campaigns produced by Montgomery College.

Parent/Guardian Signature Date

For courses indicated as GT (gifted and talented):

The above named student has been identified as a gifted and talented/honors student under the guidelines used by the Montgomery County Public Schools, and I recommend her/him for enrollment in the courses listed on the other side of this application.

School Principal Signature (or designee) Date

**For registration assistance call 240-567-7264 or 240-567-7917.
Please complete all registration information.**