



Clara Barton Center for Children
 • 7425 MacArthur Blvd., Cabin John, MD 20818 •
 301-320-4565 (voice) • 301-320-2457 (fax)

2010 - 2011
Application for Preschool/Child Care Programs

Preschool/Child Care Center Admission Policy

The Clara Barton Center for Children accepts all children without regard to race, color, religion, sex or national origin. The following factors are considered in accepting children for enrollment, but do not guarantee placement:

- * Number, length, and/or choice of days requested;
- * Siblings of children currently enrolled at CBCC and siblings of former students;
- * Cabin John residents; and
- * Parent is employee of Montgomery County.

Child's Name _____ Date of Birth _____ M/F ____

Parent(s)/Guardian(s) (P1) _____ Cell Phone _____

(P2) _____ Cell Phone _____

Home Address _____
 Street City State Zip Code

Home Phone _____ Primary Email Address _____

Parent 1 Employer _____ Parent 2 Employer _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

The choice of days of the week for your child to attend that you indicate below is used in making placements. It is difficult for us to schedule your child for additional (or different) mornings of attendance once the placements have been made. If you have a preference, please note it now. If your preferences change, please call to update application. Children applying for the Cardinals & Eagles classes are required to enroll for 5 days a week.

Check (✓) Days of Week Desired: M _____ T _____ W _____ Th _____ F _____
 Any 3 days _____ Any 4 days _____

Check (✓) Option Desired: Morning (8:00 a.m. to 12:20/12:30 p.m.) _____
 Mid-Day (8:00 a.m. to 3:30 p.m.) _____
 Full Day (8:00 a.m. to 6:00 p.m.) _____

Sibling(s) currently or previously enrolled at Clara Barton Center for Children: _____ yes _____ no
 If yes, child's name and years of attendance: _____

Financial aid assistance is available for eligible families. Please check (✓) here to obtain forms: _____

I/We have filled out all applicable spaces on this application.

Parent/Guardian Signature _____ Date _____

**Please mail application with your non-refundable \$40 application fee by November 30, 2010, to:
 Clara Barton Center for Children, 7425 MacArthur Boulevard, Cabin John, MD 20818.**

Date Received: _____ Class: _____

Check Number: _____ Amount: _____