



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

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**2012 - 2013**

**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.) \_\_\_\_\_

Schools/child care centers child has previously attended: \_\_\_\_\_

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, 2011, to:  
 Clara Barton Center for Children, 7425 MacArthur Boulevard, Cabin John, MD 20818.**

Date Received: \_\_\_\_\_ Class: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_