



201 Fairview Avenue, Frederick, Maryland 21701  
Phone: (301) 662-4730      www.fcob.net

## Registration

### Student Information

Name: \_\_\_\_\_ Name called: \_\_\_\_\_  
First Middle Last

Registration for: ☐ 2's ☐ 3's ☐ 4's

Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Place of Birth: \_\_\_\_\_  
Languages Spoken at Home: \_\_\_\_\_

Student lives with (check all that apply):

☐ Father ☐ Stepfather  
☐ Mother ☐ Stepmother  
☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Relationship to child

**Parent #1**      ☐ Father  
                         ☐ Mother

Check all that apply:

☐ Mother is deceased ☐ Parents are separated  
☐ Father is deceased ☐ Parents are divorced  
☐ Mother is remarried \_\_\_\_\_

\_\_\_\_\_  
Name of Stepfather

☐ Father is remarried \_\_\_\_\_

\_\_\_\_\_  
Name of Stepmother

**Parent #2**      ☐ Father  
                         ☐ Mother

\_\_\_\_\_  
First Name Middle Last

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home telephone Cell phone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
First Name Middle Last

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home telephone Cell phone

\_\_\_\_\_  
E-mail address

Siblings

Age

School Attending

Names of relatives who have attended Church of the Brethren Learning Center:

Names

Relationship

How did you hear about Church of the Brethren Learning Center? \_\_\_\_\_

List previous group experiences and/or early childhood programs \_\_\_\_\_

Are you personally a member of Frederick Church of the Brethren? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have or have they had an IEP or an IFSP? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please submit a copy to the office.

Does your child currently receive services from Child Find? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, what medications or treatments need to be administered at school? \_\_\_\_\_

**Class Preference:** (Please indicate your choices by marking 1, 2, and 3)

AM Classes 9:00 a.m. – 11:30 a.m.	<b>2's class</b> age 2 by September 1	<b>3's class</b> age 3 by September 1 must be fully potty trained	<b>4's class</b> age 4 by September 1 must be fully potty trained
2 Days (Tues/Thurs)	\$250/month AM only _____	\$240/month AM only _____	
3 Days (Mon/Wed/Fri)	\$265/month AM only _____	\$255/month AM only _____	\$250/month AM _____
5 Days (Mon-Fri)	\$495/month AM only _____	\$475/month AM only _____	\$350/month AM only _____
K Prep (Mon-Fri 9:00-1:00)			\$450/month AM only _____

A non-refundable \$175 Activity Fee for 1 child, \$87.50 each additional sibling is due upon registration.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Church of the Brethren Learning Center does not discriminate on the basis of sex, race, color, religion, national or ethnic origin in the administration of its educational programs or other center administered programs.*