CABIN JOHN BROOKMONT CHILDREN'S PROGRAM

CABIN JOHN/BROOKMONT CHILDREN'S PROGRAM, INC.
4000 Virginia Place ~ Bethesda, MD 20816
(301) 320-6780 ~ www.brookmontkids.org

Application & Enrollment Packet

2027–2028 School Year · Children ages 2 to 5

How to complete this packet. Fill in Parts 1–3 on your computer, tablet, or phone, and sign the three agreements in Parts 4–6. Then save the completed packet and email it to **info@brookmontkids.org**, mail it to **Cabin John/Brookmont Children's Program, Inc., 4000 Virginia Place, Bethesda, MD 20816**, or drop off forms in person at the school. The $25.00 non-refundable application fee is due with the application.
Admission is rolling: applications are reviewed as they are received.

Contents: 1. Application · 2. Program Registration (Nursery School, PM Program, Sunsetters) · 3. Emergency & Medical Information · 4. Participation Agreement · 5. Tuition Agreement · 6. Photograph Release

1. Application

Child's name

Birthdate (month/day/year)

FIRST PARENT/GUARDIAN

Name

Address

Home phone

Cell phone

Work phone

Email

Employer

Occupation

SECOND PARENT/GUARDIAN

Name

Address

Home phone

Cell phone

Work phone

Email

Employer

Occupation

Other children in home (age, relationship)

Other adults living in the home (relationship)

Language other than English spoken at home

Parents' special training or interests (which you might share with the school)

Family situation (anything that might be useful to us in helping the child understand him/herself, his/her family, and his/her world)

Parent's concerns (fears, eating or sleeping problems, thumb sucking, behavior problems, sibling relationships, etc.)

Special experiences (trips, hobbies, games, favorite toys, playmates, TV shows, etc.)

Right/left hand preference

Words used for toilet

Is there anything you would like to share about your child's background and personality? (Emotional behavior: calm, excitable, easily angered, anxious, crying, happy, cheerful, negative, cooperative. Social behavior: shy, friendly, fearful, aggressive.)

2. Program Registration

Tuition shown is monthly for the 2027–2028 school year

Check each program you are registering for.

☐ **NURSERY SCHOOL PROGRAM** ages 2–5 years

Hours: Monday–Friday, 8:30 am–12:30 pm. Early childhood curriculum and activities daily, including music, art, science, nature, and outdoor activities. Indicate your morning enrollment by checking the day(s) below.

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

AM tuition	2 days/week	3 days/week	4 days/week	5 days/week
Monthly	$750/mo	$825/mo	$900/mo	$975/mo

☐ **PM PROGRAM** ages 2–5 years

Hours: Monday–Friday, 12:30–4:00 pm. Indicate your afternoon enrollment by checking the day(s) below.

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

PM tuition	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week	Drop-in
Monthly	$300/mo	$425/mo	$525/mo	$595/mo	$650/mo	$75/day

☐ **SUNSETTERS EXTENDED DAY** ages 2–5 years

Hours: Monday–Friday, 12:30–1:30 pm after the Nursery School Program and 4:00–5:30 pm after the PM Program.

Option	Hours	1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk	Drop-in
60 minutes	12:30–1:30 or 4:00–5:00 pm	$125	$190	$250	$305	$340	$45/day
90 minutes	4:00–5:30 pm	$150	$215	$275	$340	$400	$55/day

Check the option(s) you want, then choose the time, days, and beginning month.

☐ **60-minute extended day** When: ◯ After lunch, 12:30–1:30 ◯ After school, 4:00–5:00

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri Beginning month: _____

☐ **90-minute extended day** When: After school, 4:00–5:30

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri Beginning month: _____

EMERGENCY CLOSINGS

Cabin John/Brookmont Children's Program aligns with the Montgomery County Public Schools calendar for school holidays and emergency closings. If MCPS announces a one- or two-hour delayed opening, CJBCP may follow accordingly with a delayed opening. On MCPS scheduled early release days, the extended day program operates on a normal schedule. If an emergency early dismissal is announced, the extended day program will be closed.

3. Emergency & Medical Information

EMERGENCY CONTACTS (TO BE CONTACTED IF PARENTS CANNOT BE REACHED)

Primary emergency contact: name | Relationship | Phone

Address | Near child's home? (yes/no)

Secondary emergency contact: name | Relationship | Phone

Address | Near child's home? (yes/no)

MEDICAL HISTORY

Pediatrician | Pediatrician's phone | Hospital preference

Serious physical illness or operations (with dates)

Current medications

ALLERGIES

Food | Insect | Other

Medical conditions or activity restrictions that may limit participation in activities

4. Participation Agreement & Release of Liability

The Cabin John/Brookmont Children's Program, Inc. will be administered this fall by its Board of Directors.

We are granted permission to operate by special exemption by the Maryland State Board of Education.

Each parent or guardian whose child is enrolled in the Cabin John/Brookmont Children's Program agrees:

1) To not hold the teacher(s), aide, aide-parent, or church responsible for unintended or unavoidable injury to his/her child when participating in school activities.
2) To allow his/her child to go on trips in the community. If a student requires extra attention and a teacher feels it is necessary, a parent may be asked to attend outside field trips.
3) To authorize the school to seek emergency treatment for illness or accident in the event that the parent cannot be reached.
4) To abide by the By-Laws, Tuition Agreement, Rules, and job obligations of the school, including providing snacks and lunch, and participating in up to two (2) work days per year.

GENERAL RELEASE OF LIABILITY

I hereby release Cabin John/Brookmont Children's Program, its directors, and employees from any claims for unintended or unavoidable injuries, damages, or losses that may arise from my child's participation in program activities, including the Sunsetters extended day program. I authorize the school to seek emergency treatment for illness or accident in the event that the parent(s) cannot be reached. I give permission for my child to participate in the program(s) registered for above, including walks, activities, or trips in the community.

I UNDERSTAND AND ACCEPT THE ABOVE PROVISIONS.

Parent/guardian name (print)	Signature (type your full name to sign)	Date (MM/DD/YYYY)

Typing your full name in the signature box signs this page. You may instead use your PDF app's Sign tool to draw a signature in the box.

5. Tuition Agreement

Parents wishing to enroll their child in the Cabin John/Brookmont Children's Program shall pay a monthly tuition for enrollment in the amount set by the Board of Directors. A tuition deposit for the last month and a half of school is due within fifteen (15) days after notification of acceptance into school. (Once the deposit is made, special circumstances, such as relocation of parents, etc. may be brought before the Board of Directors. After July 1, the deposit is non-refundable regardless of circumstances.)

Tuition is due by the first of each month for the upcoming month. Parents shall pay their monthly tuition fee regardless of the absence of a child because of illness, vacation, or other reason, unless special arrangements have been made in advance with the Board of Directors. If parents fall behind in payments in the amount of one month's tuition, the Directors have the right to suspend the parent's child from school until tuition is current.

The Cabin John/Brookmont Children's Program admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its admissions policies, educational policies, scholarships, and loan programs. Tuition assistance may be available on a case by case basis based on enrollment numbers and financial needs. If interested in being considered for financial aid, please indicate below to receive additional information.

If a parent withdraws a child at any time between September and June, four weeks written notice is required. Failure to comply with this regulation will result in forfeiture of the tuition deposit and full tuition for the final month of attendance. With advance notice, the final tuition will be pro-rated according to the amount of time actually spent by the student in the program.

The parent/legal guardian has a right of privacy with respect to all information concerning the student maintained in the school. This information is accessible to the parent/legal guardian and copies are available to the parent/legal guardian upon request.

I am interested in receiving information for possible tuition assistance. ◯ Yes ◯ No

I UNDERSTAND AND ACCEPT THE ABOVE PROVISIONS.

Parent/guardian name (print)	Signature (type your full name to sign)	Date (MM/DD/YYYY)

Typing your full name in the signature box signs this page. You may instead use your PDF app's Sign tool to draw a signature in the box.

6. Photograph Release Form

Throughout the year, parents and teachers like to photograph events and activities that take place with our class. We may wish to share photos with registered families on a secured school email listserv and also in printed or electronic publications, such as a yearbook at the end of the year. Any share site for posting photos will be by invitation only, and will require a password to access.

From time to time, we may also want to use photographs on our public informational website or in our application materials. Photographic images will be shots of one or more children participating in school activities and may contain images of your child. In order to do so, we must have written permission from you for your child before we can publish such items. Please fill out this form below to indicate your preference.

Choose one:

- ○ I hereby grant permission to the school to use photographs of my child on its website or in official school printed publications without further consideration. I also understand that once photos are posted on the website, images can be downloaded by any computer user accessing the website. Therefore, I agree to indemnify and hold harmless the school and any photographer whose services are used by the school whether paid or unpaid from any and all claims.

- ○ I do not wish my child's picture to be published on a public website, or used in any materials distributed to the general public.

Student name (please print)

Parent name (please print) | Signature (type your full name to sign) | Date (MM/DD/YYYY)

Typing your full name in the signature box signs this page. You may instead use your PDF app's Sign tool to draw a signature in the box.