

Does your child have allergies?

Yes _____

No _____



201 Fairview Avenue, Frederick, Maryland 21701
 Phone: (301) 662-4730 Fax: (301) 662-5609 www.cobl.org

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

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 #1 Father
 Mother

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 an IEP? Yes _____ No _____
If yes, please submit a copy to the office.

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

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

AM Classes 9:00 a.m. – 11:30 a.m.	2's class age 2 by September 1	3's class age 3 by September 1	4's class age 4 by September 1
2 Days (Tues/Thurs)	\$230/month AM only _____	\$200/month AM only _____	
3 Days (Mon/Wed/Fri)	\$260/month AM only _____	\$245/month AM only _____	\$235/month AM _____
5 Days (Mon-Fri)	\$480/month AM only _____	\$435/month AM only _____	\$340/month AM only _____
K Prep (Mon-Fri 9:00-1:00)			\$420/month AM only _____
Travel Club (Mon.11:30-3:00)			\$100/month _____
S.T.E.A.M Club (Wed 11:30-3:)			\$100/month _____

A non-refundable **\$150 Activity Fee for 1 child, \$75 each additional sibling** is due upon registration.

A non-refundable **\$40 Supply Fee** is due upon registration for Travel Club and S.T.E.A.M. Club.

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.