



Global Children's Center

Registration Form

Before and After School Care

School Location:

To register your child/children for Global Children's Center please fill do the following items:

- For a full registration you will need the following items/forms:
 - GCC Registration Form
 - Global Child Care Enrollment/Contract
 - MSDE Health Inventory w/ full copies of all shot records
 - MSDE Emergency Form (2 Copies)
- Attach a check for a yearly registration fee of \$35 per family.
- Attach a two weeks tuition deposit to be used towards the child's very last two weeks of tuition @ GCC.
- Mail registration forms with your check to our office @ :

Global Children's Center
12417 Deoudes Road
Boys, Maryland 20841-9022.
- Upon receiving the registration form and a deposit you will receive a parent handbook and any other information necessary. All of the forms must be fully completed prior to any student starting at Global Children's Center.

If you have any questions please call our office @ 301.972.5882/301.972.5982 or 202.352.1589.

Email us @ globalchildrenscenter@verizon.net

Visit our website @

www.globalchildrenscenter.com

First child's Name: _____

Date of Birth: _____

Grade Fall of 20 : _____

Female Male

Second Child's Name: _____

Date of Birth: _____

Grade Fall of 20 : _____

Female Male

Third Child's Name: _____

Date of Birth: _____

Grade Fall of 20 : _____

Female Male

Fourth Child's Name: _____

Date of Birth: _____

Grade Fall of 20 : _____

Female Male

Child's/Parent's Home Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone:

Dad's Cell:

Work:

Home Phone:

Mom's Cell:

Work:

Mother

Father

Guardian

Other

Mother/Guardian Name: _____

Full Address: (If different from child) _____

Daytime Phone: _____ Work Phone: _____ Cell: _____

Social Security Number: _____

Work E-mail: _____ Home E-mail: _____

Father/Guardian Name: _____

Full Address: (If different from child) _____

Daytime Phone: _____ Work Phone: _____ Cell: _____

Social Security Number: _____

Work E-mail: _____ Home E-mail: _____

Person(s) responsible for payment of tuition: _____

Full address: _____

Home Phone: _____ Work Phone: _____

Social Security Number(s): _____

Cell: _____

Home E-mail: _____ Work E-mail: _____

Does your child/children have any type of allergies? Please explain.

Does your child/children have any medical/physical limitations or conditions? If so, explain fully and if doctor note needed please provide.

Will your child/children be taking medication while at Global Children's Center? If so, please list all of medications provide the medication form and reasons for the medication.

I would like to enroll my child/children in the following programs:

Before School Care only _____ a.m. until school starting time

1st Child M T W Th F

2nd Child M T W Th F

3rd Child M T W Th F

4th Child M T W Th F

Drop-In Care Only

After School Care only School Ends until 6:30 p.m.

1st Child M T W Th F

2nd Child M T W Th F

3rd Child M T W Th F

4th Child M T W Th F

Drop-In Care Only

Before/After care

1st Child M T W Th F

2nd Child M T W Th F

3rd Child M T W Th F

4th Child M T W Th F

Drop-In Care Only

A 5% discount is given for each additional sibling enrolled in the program.

There is no discount for drop-in care and drop in care is only available on first come first serve with twenty four hour notice to GCC. Also drop-in care can only be used four times a month.

Acceptance Parents/Guardian Signature: _____

Date: _____

Acceptance Parent/Guardian Printed Name: _____

Date: _____

Renewal Acceptance Parents/Guardian Signature: _____

Date: _____

Acceptance Parent/Guardian Printed Name: _____

Date: _____

Renewal Acceptance Parents/Guardian Signature: _____

Date: _____



Thank you for choosing Global Children's Center!
Where Children Learn through Play!
12417 Deoudes Road Boyds, Maryland 20841-9022

