



## 2015 Summer Camps CRN Numbers

Below is a list of the Course and CRN numbers for the full and half day summer camps. They should be used when completing the printed registration form. Here is a link for online registration. <http://cms.montgomerycollege.edu/wdce/youthsummer.html>

### CONTACT US:

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| Course#            | CRN#  | Start   | End     | Title                                    | Times   | Days | Fee   |
|--------------------|-------|---------|---------|--|---------|------|-------|
| YOU086             | 40924 | 6/15/15 | 6/19/15 | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |
| YOU086             | 40923 | 6/22/15 | 6/26/15 | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |
| YOU089*<br>Holiday | 10686 | 6/29/15 | 7/2/15  | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-Th | \$200 |
| YOU086             | 10679 | 7/6/15  | 7/10/15 | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |
| YOU086             | 10678 | 7/13/15 | 7/17/15 | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |
| YOU086             | 10677 | 7/20/15 | 7/24/15 | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |
| YOU086             | 10676 | 7/27/15 | 7/31/15 | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |
| YOU086             | 10675 | 8/3/15  | 8/7/15  | Germantown Full Day Baseball Summer Camp | 9am-3pm | M-F  | \$250 |

| Course#            | CRN#  | Start   | End     | Title                                    | Times    | Days | Fee   |
|--------------------|-------|---------|---------|--|----------|------|-------|
| YOU087             | 40926 | 6/15/15 | 6/19/15 | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |
| YOU087             | 40925 | 6/22/15 | 6/26/15 | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |
| YOU088*<br>Holiday | 10685 | 6/29/15 | 7/2/15  | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-Th | \$155 |
| YOU087             | 10684 | 7/6/15  | 7/10/15 | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |
| YOU087             | 10683 | 7/13/15 | 7/17/15 | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |
| YOU087             | 10680 | 7/20/15 | 7/24/15 | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |
| YOU087             | 10681 | 7/27/15 | 7/31/15 | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |
| YOU087             | 10682 | 8/3/15  | 8/7/15  | Germantown Half Day Baseball Summer Camp | 9am-12pm | M-F  | \$175 |



NJCAA DIII National Championship Finalist: 2004, 2009  
NJCAA DIII World Series Participants: 1996, 2001, 2002, 2004, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013  
NJCAA District "D" Champions: 1996, 2001, 2002, 2004, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013  
NJCAA Region XX Champions: 1996, 2001, 2002, 2004, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013



# Youth Programs Registration Form

(Please use black pen when completing this form.)

|  |       |           |  |     |   |
|--|-------|-----------|--|-----|---|
| College ID Number:   | M 2   | Birthdate | <div style="display: flex; justify-content: space-around;"> <span>Month</span><span>Day</span><span>Year</span> </div> | Sex | <input type="checkbox"/> Female<br><input checked="" type="checkbox"/> Male |
| <small>(This is your Student ID Number. If you have taken courses at MC previously, you should have one. If not, the College will assign your MC Identification Number for you.)</small> |       |           |  |     |   |
| Child's Name   |       |           |  |     |   |
| Last   | First | Middle    |  |     |   |
| Address  |       |           |  |     |   |
| <small>House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.)</small>  |       |           |  |     |   |
| <small>Apt. #</small>  |       |           |  |     |   |
|  |       |           |  |     |   |
| City   | State | Zip       |  |     |   |
| Is this a new address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |       |           |  |     |   |
| Home Phone   |       |           |  |     |   |
| Parent Work Phone  |       |           |  |     |   |
| Have you attended MC before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |       |           |  |     |   |
| Parent Cell  |       |           |  |     |   |
| Parent E-Mail  |       |           |  |     |   |
|  |       |           |  |     |   |
| School Currently Attending   |       |           |  |     | Grade 2013-2014   |

\_\_\_\_ U.S. Citizen \_\_\_\_ Non U.S. Citizen Visa, if any \_\_\_\_\_ Are you planning to request an I-20 from MC? \_\_\_\_ Yes \_\_XX No (If yes, you must see the International Student Coordinator, Rockville Campus, Student Services, Room 115.)

**(Non U.S. Citizens attach copy of your passport visa or permanent resident card.)**

**ETHNICITY:** Choose one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)

| Not Hispanic or Latino  | Hispanic or Latino  |
|---|---|
| <p>1. <b>Age</b></p> <p>18-24</p> <p>25-34</p> <p>35-44</p> <p>45-54</p> <p>55-64</p> <p>65-74</p> <p>75+</p>   | <p>1. <b>Age</b></p> <p>18-24</p> <p>25-34</p> <p>35-44</p> <p>45-54</p> <p>55-64</p> <p>65-74</p> <p>75+</p>   |
| <p>2. <b>Gender</b></p> <p>Male</p> <p>Female</p>   | <p>2. <b>Gender</b></p> <p>Male</p> <p>Female</p>   |
| <p>3. <b>Ethnicity</b></p> <p>White</p> <p>Black</p> <p>Hispanic or Latino</p> <p>Asian</p> <p>Other</p>  | <p>3. <b>Ethnicity</b></p> <p>White</p> <p>Black</p> <p>Hispanic or Latino</p> <p>Asian</p> <p>Other</p>  |
| <p>4. <b>Education</b></p> <p>Less than high school</p> <p>High school graduate</p> <p>Some college</p> <p>Bachelor's degree</p> <p>Master's degree</p> <p>Doctorate</p>  | <p>4. <b>Education</b></p> <p>Less than high school</p> <p>High school graduate</p> <p>Some college</p> <p>Bachelor's degree</p> <p>Master's degree</p> <p>Doctorate</p>  |
| <p>5. <b>Income</b></p> <p>Less than \$10,000</p> <p>\$10,000-\$14,999</p> <p>\$15,000-\$24,999</p> <p>\$25,000-\$34,999</p> <p>\$35,000-\$49,999</p> <p>\$50,000-\$74,999</p> <p>\$75,000-\$99,999</p> <p>\$100,000+</p> | <p>5. <b>Income</b></p> <p>Less than \$10,000</p> <p>\$10,000-\$14,999</p> <p>\$15,000-\$24,999</p> <p>\$25,000-\$34,999</p> <p>\$35,000-\$49,999</p> <p>\$50,000-\$74,999</p> <p>\$75,000-\$99,999</p> <p>\$100,000+</p> |
| <p>6. <b>Marital Status</b></p> <p>Never married</p> <p>Married</p> <p>Divorced</p> <p>Widowed</p>  | <p>6. <b>Marital Status</b></p> <p>Never married</p> <p>Married</p> <p>Divorced</p> <p>Widowed</p>  |
| <p>7. <b>Health Insurance</b></p> <p>Medicaid</p> <p>Medicare</p> <p>Private</p> <p>Other</p>   | <p>7. <b>Health Insurance</b></p> <p>Medicaid</p> <p>Medicare</p> <p>Private</p> <p>Other</p>   |
| <p>8. <b>Employment</b></p> <p>Unemployed</p> <p>Employed</p>   | <p>8. <b>Employment</b></p> <p>Unemployed</p> <p>Employed</p>   |
| <p>9. <b>Disability</b></p> <p>Yes</p> <p>No</p>  | <p>9. <b>Disability</b></p> <p>Yes</p> <p>No</p>  |
| <p>10. <b>Language</b></p> <p>English</p> <p>Spanish</p> <p>Other</p>   | <p>10. <b>Language</b></p> <p>English</p> <p>Spanish</p> <p>Other</p>   |

**RACE:** Choose all that apply. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)

American Indian or Alaskan Native      Asian      Black or African American      Native Hawaiian and other Pacific Islander      White

| CRN #           | Course # | Course Title | Begin Date                                       | Tuition | Fee | Non-MD Resd. Fee | Course Total |
|-----------------|----------|--------------|--|---------|-----|------------------|--------------|
|                 |          |              |  |         |     |                  |              |
|                 |          |              |  |         |     |                  |              |
|                 |          |              |  |         |     |                  |              |
|                 |          |              |  |         |     |                  |              |
| <b>CODE: SY</b> |          |              | <i>Optional Contribution to Scholarship Fund</i> |         |     |                  |              |
|                 |          |              | <b>Total Due</b>                                 |         |     |                  |              |

**Please indicate payment by:**

Check (payable to Montgomery College)

\_\_\_\_ MasterCard \_\_\_\_ VISA \_\_\_\_ Discover \_\_\_\_ American Express: Exp. Date 

|     |     |
|-----|-----|
|     |     |
| (m) | (m) |

 / 

|     |     |
|-----|-----|
|     |     |
| (y) | (y) |

3 or 4 digit Security code on back of card:

**Credit Card Information:**

Name on Card | | | | | | | | | | | | | | | | | |

Card Number

Your Name \_\_\_\_\_  
(If different from name on card)

Cardholder Signature Required \_\_\_\_\_

Please mail this form with your payment or credit card information to:

Montgomery College  
WD&CE  
**Summer Youth Programs**  
51 Mannakee Street, CC 220  
Rockville, MD 20850  
or FAX to 240-567-7548

**HEALTH AND EMERGENCY INFORMATION:**  
**Registration cannot be processed until all health information is complete.**  
**Questions? Call 240-567-7264 for assistance.**

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information:**

Current illnesses or health problems: \_\_\_\_\_

Does your child have a known allergy? ☐ Yes ☐ No

If Yes: Food allergy ☐ Yes ☐ No If No: Other \_\_\_\_\_

If Yes: Is Epi-pen required? ☐ Yes ☐ No *Students carrying an Epi-pen during program hours must keep their Epi-pen current/updated and with them at all times.*

Other medication: \_\_\_\_\_

Will medication need to be taken during program hours? Describe: \_\_\_\_\_

**Note: Does your child have any medication with him/her, or carry an EpiPen as a safety precaution? If so, your child must be able to self-administer her/her medication, and you must submit the Medication Form found at [www.montgomerycollege.edu/youth](http://www.montgomerycollege.edu/youth).**

Month and year of last tetanus shot: \_\_\_\_/\_\_\_\_

Physician's Name \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Scholarships:**

Pending funding, a limited number of partial scholarships may be available for Montgomery County students who qualify for free or reduced lunch. Submission of scholarship application does not guarantee that scholarship funds will be granted. To apply for a scholarship, complete the registration form, and attach a copy of the free or reduced meals eligibility form or a copy of your current income tax form showing total family income. Mail these forms along with a check or credit card information for the amount of the fee. (*Scholarship are awarded on a first come, first served basis, and awards are for the amount of the TUITION ONLY for ONE COURSE PER STUDENT.*) Fees must be paid and must accompany your registration form. Call 240-567-7264 for information.

**Disability Support Services Information**

Does your child have a disability/challenge (e.g. physical, learning, psychological, emotional, behavioral, etc.) or medical conditional that could affect his/her participation in a regular classroom environment? ☐ No ☐ Yes

If yes, a staff member will be contacting you to discuss possible needs and determine if reasonable accommodations should and can be made.

Montgomery College Youth Programs is committed to providing accessible education and a supportive learning environment for all students. To help us meet this goal, after you have registered, contact our WD&CE Disability Support Services counselor Natalie Martinez at [natalie.martinez@montgomerycollege.edu](mailto:natalie.martinez@montgomerycollege.edu) or 240-567-4118 at least four weeks before the start of the program to inform the College of any physical disabilities or behavioral / social challenges your child has and to arrange for reasonable accommodations. MC does not provide medical assistants or care attendants. Campers must exhibit independence and ability for self care. Parents are not permitted to attend camp with their child. The exception to this is for those attending an Intergenerational Program specifically designed for Youth accompanied by Adult(s).

**Youth Programs Only: Class Transfer and/or Class Withdrawal/Drop Fees Policy**

1. Class Transfer Requests: Students will be allowed to transfer from one class to another, one time without a charge. Any additional schedule changes will be reviewed and may be subject to a **\$20.00 fee per change**.

2. Youth Class withdrawal/drop request: If a student requests to drop or withdraw from a class, the request must be received at least 6 days prior to the start of the class to avoid a withdrawal/drop fee. Requests to withdraw from a class received within 5 days of the start of the class will be subject to a fee of \$50.00.

**Permission Form (SIGNATURE REQUIRED FOR ENROLLMENT)**

\_\_\_\_ I affirm that the information provided on this form is correct. I agree to abide by the policies and procedures of Montgomery College.

\_\_\_\_ I understand that my child will be attending classes on an open college campus and there will be no student supervision provided outside the classroom. He/she will abide by the rules and regulation of Montgomery College, including exhibiting classroom behavior that allows for a study environment free from harassment, discrimination, and disruption. Behavior contrary to this will not be tolerated and may result in expulsion.

\_\_\_\_ Should a medical emergency occur, I grant authority to Montgomery College Campus Security staff to provide necessary and reasonable medical attention to my child.

Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission to have my child's photograph and/or testimonial used in promotions in connection with registration and other media campaigns produced by Montgomery College ☐ Yes ☐ No

**For courses indicated as [GT] (Gifted and Talented):**

The above named student has been identified as gifted and talented/honors student under the guidelines used by the Montgomery County Public Schools, and I recommend her/him for enrollment in the courses listed on the other side of this application.

School Principal Signature (or designee) \_\_\_\_\_ Date \_\_\_\_\_

**For registration assistance call 240-567-7264 or 240-567-7917.**