

# PRINCE GEORGE'S COMMUNITY COLLEGE CHILDREN'S DEVELOPMENTAL CLINIC REGISTRATION

PARENT INFORMATION										RESIDENCY <i>(Please check one)</i>				For Office Use Only						
PARENT'S EMAIL ADDRESS:										<input type="checkbox"/> Prince George's County <input type="checkbox"/> Other MD County <input type="checkbox"/> Out of State				<b>TERM:</b>						
LAST NAME			FIRST NAME				MI			<b>PARENT EDUCATION ENROLLMENT</b>										
Street Address							Apt. #			One (1) parent must be registered for a Parent Education session for each session that child is enrolled. 1. <b>Check</b> the time(s) you will attend the parent session. 2. <b>Check</b> the <b>PG</b> or <b>UMD</b> location										
City					State		Zip			Time →		10:00AM		11:15 AM						
Home Phone #				Alternative Phone #						Location		SYN#:		SYN#:						
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Date of Birth (Month/Day/Year):				STATUS: <input type="checkbox"/> Senior (60+) <input type="checkbox"/> All others		PG				<input type="checkbox"/>		<input type="checkbox"/>						
RACE CODE <i>(Required by US Dept. of Education. Please check one)</i> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Unknown / Other										UMD		<input type="checkbox"/>		<input type="checkbox"/>						
CHILD #1 INFORMATION							CHILD #1 CLINIC ENROLLMENT: Check time(s) and location below. Check <i>MOTOR, LANG, or READ</i> . For children under the age of 3 select <i>INFANT/TODD</i> (Choose only one (1) for each time slot. Course numbers will be determined by office staff.													
STUDENT ID NUMBER (if known):							10:00 AM		SYN#:			11:15 AM		SYN#:						
LAST NAME:			FIRST NAME:					MOTOR	LANG	READ	INFANT/TODD	MOTOR	LANG	READ	INFANT/TODD					
Date of Birth	Month	Day	Year	AGE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
RACE CODE <i>(Required by US Dept. of Education. Please check one)</i> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Unknown / Other							UMD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CHILD #2 INFORMATION							CHILD #2 CLINIC ENROLLMENT: Check time(s) and location below. Check <i>MOTOR, LANG, or READ</i> . For children under the age of 3 select <i>INFANT/TODD</i> (Choose only one (1) for each time slot. Course numbers will be determined by office staff.													
STUDENT ID NUMBER (if known):							10:00 AM		SYN#:			11:15 AM		SYN#:						
LAST NAME:			FIRST NAME:					MOTOR	LANG	READ	INFANT/TODD	MOTOR	LANG	READ	INFANT/TODD					
Date of Birth	Month	Day	Year	AGE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
RACE CODE <i>(Required by US Dept. of Education. Please check one)</i> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Unknown / Other							UMD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
I certify under penalties of perjury that the information recorded on this application is correct. I agree to abide by the rules and regulations and policies of Prince George's Community College as presently in effect and/or hereafter enacted. If in the future I change my residence, I understand that it is my responsibility to notify the Admissions and Records Office at Prince George's Community College and to provide them with my correct address.							PAYMENT WITH REGISTRATION : <input type="checkbox"/> YES <input type="checkbox"/> NO  <u>*REGISTRATIONS NOT ACCEPTED WITHOUT PAYMENT*</u>					AMOUNT: \$		Check #						
							Parent/Guardian Signature _____					Date _____					PROCESSED BY:		DATE:	