



Quality Time Learning Center

8101 Georgia Avenue, Silver Spring, MD 20910

2026 Summer Program Registration Form

For Children 4 to 10 Years Old

Enrollment Date: ____ / ____ / ____

Child's Name: _____ D.O.B. ____ / ____ / ____
First M.I. Last Age _____

Address: _____

Gender: Male ____ Female ____

Main Contact Person:

Father/Mother/ Name: (circle) _____
First M.I. Last

Address: _____ Home Phone: () _____ - _____

Work Address: _____ Work Phone: () _____ - _____

Secondary Contact Person: _____ Relationship: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____

***List any existing medical conditions, allergies and/or special attention your child may require:

(For those emergencies requiring immediate attention, I understand and agree that my child will be taken to Holy Cross Hospital)

Father/Mother's Signature _____ Date _____

**TUITION IS ONLY
\$332.50 PER WEEK**

WITH 8 OR 9 WEEKS ENROLLMENT – CALL FOR DETAILS: Ms. Dorine @ 301-588-3350

My complete registration/activity fee is enclosed (\$350).

At this time it is my best guess that my child will attend the program for _____ weeks.

This year all children 4 years-old and above will be required to wear a Summer Program T-Shirt on ALL field trips. One T-Shirt is included in your Summer Activity Fee. Additional T-Shirts are \$18.00 each. **Children failing to wear a T-Shirt on a field trip daily will be given a T-Shirt and the parent's account charged.** If you will need Additional T-Shirts, please indicate your size below.

My child's T-Shirt size is: Sizes: Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____