German School Washington
Spring Break Program March 30 – April 10, 2015

TO ENROLL: Please fill out the entire enrollment packet. Please print clearly and fill in all areas that apply.

Completed applications can be returned:

By mail to:
Bar-T
18753 North Frederick Ave., Ste. 203
Gaithersburg, MD 20879

By fax to:
301-948-6871

By e-mail to:
cchilders@bar-t.com

Please check the day(s) that you would like your child (ren) to attend:

___ Monday, March 30
___ Tuesday, March 31
___ Wednesday, April 1
___ Thursday, April 2
___ Tuesday, April 7
___ Wednesday, April 8
___ Thursday, April 9
___ Friday, April 10

Cost:
$65.00 per person / day (*when you sign up for any 4 or more days*)
$75.00 per person / day *(when you sign up for any 3 or less days)*

Please make checks payable to Bar-T Holding, Inc. and include a check for the full amount due (unless you complete the credit card section on the following page) along with this completed registration form.

*Bar-T has a minimum enrollment policy of 10 children per day. You will be contacted immediately if the enrollment minimum is not met.

*Activities subject to change pending weather or enrollment numbers.

Child's Name_____ Boy___ Girl____ Birthdate ___/___/___ Grade___

Child's Name_____ Boy___ Girl____ Birthdate ___/___/___ Grade___

Child lives with: Mother____ Father____ Both____

Home Phone: _____

Home Address: _____

_____

Person who should be contacted first:

Parent/Guardian 1_____

Is this person financially responsible for the account? **Yes__ No__**

Address: (if different from above)_____

_____

Home Phone: _____ **Work Phone:**_____

Cell Phone: _____ **E-Mail:** _____

****Please provide email address to receive important updates and information**

Person who should be contacted if Parent/Guardian 1 cannot be reached:

Parent/Guardian 2_____

Is this person financially responsible for the account? **Yes__ No__**

Address: (if different from above)_____

_____

Home Phone: _____ **Work Phone:**_____

Cell Phone: _____ **E-Mail:** _____

To pay by credit card, please complete the information below

Cardholder's Name: _____ ☐ VISA ☐ MC ☐ Discover

Card #: _____ Exp. Date: _____

I authorize Bar-T to charge the above account for payments related to the services requested in this application. I understand that the payment will be processed upon receipt of this application.

_____ _____

Cardholder's Signature Date

I understand that any absences due to illness, vacation or whatever reason **will not** result in a refund or adjustment of tuition.

I hereby grant to Bar-T and to its employees and agents the right to photograph or videotape my dependent and use the photo or video and or other digital reproduction of him/her or other reproduction of his/her physical likeness, image or voice for publication processes, whether electronic, print, digital or electronic publishing via the Bar-T website. When images are used, Bar-T never provides specific information about any individual or provides any identifying information in that regard.

I give permission to Bar-T to transport my child to and from the German School in Potomac to and from Bar-T Mountainside at 2914 Roderick Rd. Urbana, MD and my child to and from field trip destinations. I understand they will travel by Bar-T bus or School bus. I agree to drop off my child at the German School at 8:00 a.m. each morning for the bus and pick my child up at 5:00 p.m. in the afternoon when the bus returns.

I understand that any belongings that my child brings are his/her responsibility.

Name of child (ren): _____

Parent/Guardian Name_____

Parent/Guardian Signature_____ Date_____