



# SAT Prep at Montgomery College

## Classes for Children and Teens Emergency Contact Information Complete one form for each child

This form must be completed for all students ages 16 and under.  
and must be submitted with registration and payment.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Allergies (including medications) \_\_\_\_\_

Physical Restrictions (for example: may not go outside) \_\_\_\_\_

Current Medications \_\_\_\_\_

Please write here strategies that have proven to be effective in working with your child in an educational setting. Attach parts of your child's learning plan, if appropriate.

I have read the brochure carefully and understand fully the Liability, Payment, and Student Conduct Policies.

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

**Note:** Mail this form with registration and payment to:

**SAT Preparation**  
Montgomery College, WD&CE  
51 Mannakee Street, CC 220  
Rockville, MD 20850

Web site: [www.montgomerycollege.edu/wdce](http://www.montgomerycollege.edu/wdce)

For more information call 240-567-5188 or e-mail [martha.price@montgomerycollege.edu](mailto:martha.price@montgomerycollege.edu)