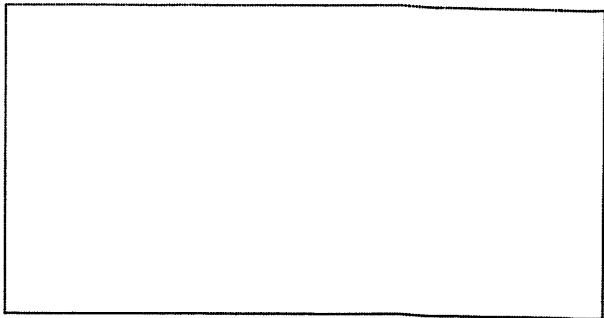




PCR

POTOMAC COMMUNITY RESOURCES, Inc.
SERVING TEENS AND ADULTS WITH DEVELOPMENTAL DIFFERENCES

Program Registration



MAILING ADDRESS ONLY:
9200 Kentsdale Drive, Potomac, MD 20854
301-365-0561, 301-365-3104 (fax)

FOR OFFICE USE ONLY

**THE QUICKEST, EASIEST WAY TO REGISTER AND
ENSURE YOUR SPOT IS ONLINE AT WWW.PCR-INC.ORG**

About PCR Programs & Registration:

- Fill out all fields of the registration form, write check, and *mail* both to PCR. Form and payment will not be accepted at programs.
- Registration is based on a first come, first served basis.
- Full payment is expected at time of registration, unless you make prior arrangements.
- Limited financial aid may be available by contacting PCR prior to submitting registration.
- Read and sign the policy statement on the reverse of this page.

Name of participant _____

Email: _____

Address: _____

City, State, Zip _____

Home phone number: _____

Emergency phone number where someone can be reached while person is attending program.

Cell phone preferred.

Name of emergency contact: _____

Emergency contact phone number: _____

Second emergency contact phone number: _____

check here to receive important emails regarding PCR program notifications/cancellations

check here to receive your PCR newsletter via email at email address provided above

Name of program	Day of week	Time	Location	Program Fee

SIGNATURE REQUIRED ON OTHER SIDE!

PCR Policy Information

Deciding What to Sign Up For

In order to facilitate participant enjoyment, safety, and personal growth, we provide information on staffing ratios, skills required and interests essential for most of our programs. Contact us for more information. If considering a program for the first time, you are strongly encouraged to make arrangements to visit a program one time before registering.

PCR reserves the right to determine any individual's program participation.

Drop Off and Pick Up Policy

Please accompany your member into the program site and make sure there is staff on site. Members must be signed in and out at each program. Please be respectful and abide by published start and end times.

PCR Program Cancellation Policy

If a session is cancelled due to inclement weather or instructor/therapist illness, it is considered an "act of nature" and there will be no fee refunds.

Suggestions, Concerns, and Complaints

PCR programs are designed and run in response to our members' expressed interests, needs, and preferences. We welcome your suggestions, concerns, or complaints about our programs. To do so, please email the Program Director at seth@pcr-inc.org. Any issues raised will be addressed within a week.

PCR "Prorating Fees" Policy

There is no prorating of fees for sessions you select to miss or miss due to occasional illness. In the event of prolonged absences, PCR will consider prorating on a case by case basis.

PCR Inclement Weather Policy

If Montgomery County Public Schools are closed for the day or evening there will be no PCR programs that evening. If it is a weekend program about which you need to inquire, please call the office 301-365 -0561.

Supervision

PCR provides supervision, according to the level appropriate to each program, ONLY during the published program times.

Registration

ALL program participants MUST complete and submit the registration form prior to attending ANY program. PCR must have COMPLETE AND CURRENT emergency contact information for each participant.

Photographs

I consent to PCR's use of my print or film image for publicity purposes. I understand my image will not be sold. Check here _____ if you DO NOT want your photograph used for PCR materials, including on the website.

PCR Late Fee

PCR will charge a late pick-up fee of \$10.00 for every 15 minutes, or part thereof, that a PCR member is picked up after the published end of the program. The fee must be mailed to the office before the member can continue to participate in PCR programs. Drivers picking up multiple members are responsible for ALL fees for each member.

Information Change

It is the responsibility of the members or their caregivers to promptly inform PCR of any changes in contact and/or emergency information. Information changes should be made by resubmitting a completed and updated registration form.

I am registering for the programs listed on the other side and I accept the terms of the PCR policies as stated above.

_____ Signature PCR member _____ date

_____ Signature parent/guardian/caregiver _____ date