



Calvary Kids Childcare Center
4700 Locust Lane
Harrisburg, PA 17109
(717) 545-7886

Registration Form

Child's Name _____ Date of Birth _____

Address _____

Mother's Name (or Legal Guardian) _____

Home Phone _____ Work Phone _____

Father's Name (or Legal Guardian) _____

Home Phone _____ Work Phone _____

Please select preferred schedule:

_____ Full Time Schedule: Mon. – Fri. (up to 10 hours of care per day)

_____ Part Time Schedule (*Please choose one listed below)

_____ Mon., Wed., & Fri. (Up to 10 hours of care per day)

_____ Tues. & Thurs. (Up to 10 hours of care per day)

_____ Other: Please specify the days needed

_____ Half Days: Mon. – Fri. (AM Session 7am – 12pm **OR** PM Session 12:45 – 5:45pm)

*please circle one

Desired Start Date:

**Please return the completed registration form to Calvary Kids Childcare Center along with a \$60.00
NON-REFUNDABLE registration fee.**

Checks should be made payable to “Calvary United Methodist” or “C.U.M.C.”