



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

**Summer School-Age Program
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 desired schedule:

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

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

_____ Mon./Wed./Fri. (up to 10 hours of care each day)

_____ Tues./Thurs. (up to 10 hours of care each day)

_____ Other: Please specify the days needed _____

Please circle the grade your child will be completing:

Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade
@ _____ School

(Please indicate the name of your child's "home school")

Desired Start Date:

Please indicate any week(s) your child will **NOT** be attending: _____

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."