



CALVARY ECC Summer Program

May 23–August 12, 2025

Monday through Friday • 7:15 AM–5:30 PM

Ages: 2 years old–5th Grade

To register, please return the following forms to the ECC Office:

1. 2025 Summer Program Registration Form — 2 pages
2. Summer Program Rate Selection Form
**Parents must indicate how they would like to be billed up front. Any changes to monthly accounts MUST be made in writing by the 1st of the month.*
3. ***For non-CCS students under the age of 5, immunization records and a birth certificate are required. Additional state paperwork will be given to you to complete.

Lunch must be brought from home daily, unless the activity schedule states otherwise. Morning and afternoon snacks are provided.

CCS Early Childhood Center

2025 Summer Program Registration

Student's Last Name: _____ First: _____ Middle: _____ Male / Female
 Address: _____ City: _____ State: _____ Zip: _____
 Age: _____ Date of Birth: _____ Current CCS/ECC Student: _____ Yes _____ No

Father's Name: _____ Father's Cell Phone: (____) _____

Mother's Name: _____ Mother's Cell Phone: (____) _____

Father's Email: _____ Mother's Email: _____

Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Remarried _____

Step Father's Name: _____ Step Mother's Name: _____

Student Lives with: Name/Relationship: _____

Occupation: Father/Male Guardian: _____

Business Name: _____ Business Phone: (____) _____ Ext. _____

Occupation: Mother/Guardian: _____

Business Name: _____ Business Phone: (____) _____ Ext. _____

I hereby authorize the following people to pick up my child from the Summer Program:

Name: _____

Phone: (____) _____ Relationship to student: _____

Name: _____

Phone: (____) _____ Relationship to student: _____

Name: _____

Phone: (____) _____ Relationship to student: _____

I understand that in the event of an accident or injury to my child, school personnel will attempt to contact me as soon as possible. It is for this reason all phone numbers and information must be updated and correct. If I, or the person I have listed, cannot be reached, I hereby give my consent for Calvary Christian School to arrange for medical treatment. I understand that I will be financially responsible for any medical treatment or service given to my child.

Emergency Contact: _____

Phone: (____)_____ Relationship to student: _____

Hospital of Choice: _____ Phone: (____)_____

Doctor of Choice: _____ Phone: (____)_____

Does your child take medication on a regular basis? Yes / No

If so, please list: _____

Health Issues: _____

Allergies: _____

*I, the undersigned, have given correct and complete information, and I agree to inform Calvary Christian School if the status of any of the above items changes during the current summer term.

**I have read the ECC Parent/Student Handbook, available online at www.calvarywarriors.org/admissions, and agree to abide by the policies therein.

Parent's Signature

Parent's Printed Name

Date

FOR OFFICE USE ONLY

Date received: ____/____/____ Received by: _____ Registration Fee required: ____ Yes ____ No

\$50 Registration Fee paid: Cash Receipt _____ Check # _____ Credit Card Payment _____

(a 3.8% fee will be added to all credit card payments)

Summer Program Rate Selection

2

Student Name: _____ Age: _____ Current CCS/ECC Student: ____YES ____NO

*A \$50 Summer Daycare Registration Fee is required for non-CCS/ECC students.

*Parents must indicate how they would like to be billed for each month UP FRONT.
Any changes MUST be made in writing in the Finance Office by the 1st of the month.

*Infant/Toddler options and rates remain the same year-round. These classes are not part of the Summer Program. Toddlers who have turned age 2 already may choose to either stay in the Toddler Room or move up to the 2-year-old program sometime during the summer.

IN THE BOXES BELOW, PLEASE MAKE YOUR SELECTION FOR EACH MONTH

BY CIRCLING THE BILLING OPTION NEEDED FOR YOUR CHILD'S AGE.

Please note: "WEEKLY" indicates Monday-Friday in the same calendar week.

May 23 - May 30

7:15 AM—5:30 PM

Closed Monday, May 26 in observance of Memorial Day.

2 & 3 years \$150.00 weekly
 \$ 40.00 daily

4 years & up \$175.00 weekly
 \$ 45.00 daily

**Please circle your
daycare needs
for this month.**

June 1 - 30

7:15 AM—5:30 PM

2 & 3 years \$500.00 monthly
 \$150.00 weekly
 \$ 40.00 daily

4 years & up \$550.00 monthly
 \$175.00 weekly
 \$ 45.00 daily

**Please circle your
daycare needs
for this month.**

July 1 - 31

7:15 AM—5:30 PM

Closed Friday, July 4 in observance of Independence Day.

2 & 3 years \$500.00 monthly
 \$150.00 weekly
 \$ 40.00 daily

4 years & up \$550.00 monthly
 \$175.00 weekly
 \$ 45.00 daily

**Please circle your
daycare needs
for this month.**

August 1 - August 12

7:15 AM—5:30 PM

2 & 3 years \$250.00 1/2 month
 \$150.00 weekly
 \$ 40.00 daily

4 years & up \$275.00 1/2 month
 \$175.00 weekly
 \$ 45.00 daily

**Please circle your
daycare needs
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Parent Signature: _____ Date: _____

Summer Program Rates & Reminders

Parent Copy - Keep at Home

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AUGUST is a busy month in the ECC! The first payment for PreK classes for 2025-2026 is due in full by August 15. This is a regular monthly installment and is not prorated.

However, daycare fees are prorated in August. The first half of the month is part of our summer program (see the August box above). The second half of the month, once school starts, regular monthly daycare fees apply for before and after school daycare, according to your schedule needs and selections.

These monthly fees are **prorated half** in the month of August.