

CCS Early Childhood Center 2021 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: _____

Please complete second page.

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.

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% fee will be added to all credit card payments)

Copy of Parent's Driver's License _____