

CALVARY BEFORE & AFTER SCHOOL CARE

2019-2020 ENROLLMENT

Child's Name		Phone	
Child's Address		Birth Date	
City, Zip		Grade in Fall 2019	
<input type="checkbox"/> Brecknock	<input type="checkbox"/> Cumru	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Mifflin Park

Mother's Name		Father's Name	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	
Work		Work	
Cell		Cell	
Email		Email	
Non-Parent Emergency Pick-up Person's Name			
Address			City, Zip
Phone	Work	Cell	

AM & PM Session AM Only Session PM Only Session Additional Day Only

Please Check All Days Needed; Mon. Tues. Wed. Thur. Fri.

Will your child (possibly) need care for:

Half Day Care (Half Day Act-80 / Emergency Early Dismissal)

All Day Care (All Day Act-80 / In-Service / Holidays)

Snow Delays (AM Hourly Care) Snow Closings (All Day Care)

How did you hear of Calvary Care? _____

Food or Other Allergies _____

Daily, On Going Medications and Why _____

Comments _____

<input type="checkbox"/> Returning Student	\$30.00 Re-registration Fee	*Registration Fees are non-refundable
<input type="checkbox"/> New Student	\$40.00 First Time Registration Fee	Child is registered when fee is paid in full
Paid on _____	Check # _____	Checks are payable to "Calvary Care"

Checks are payable to: **Calvary Care** / CASH and Money Orders also accepted

Thank You And Welcome (back) To Calvary Care!