

Calvary Young Children's School

Summer Session: May 28, 2008-August 15, 2008

Enrollment Form

Date of Application_____

Child's Name_____

Birthdate_____Age_____

Parent's Name_____

Address_____

_____Zip_____

Home Phone_____Cell Phone_____

\$30 Application Fee

Schedule of Days:

Tuesday-Thursday (2 days)_____

Monday-Wednesday-Friday (3 days)_____

Monday-Friday (5 days)_____

Extended Care:

Morning_____Afternoon_____

(please indicate days needed)

For office only:

App. Fee_____

Date Received_____

Calvary Young Children's School

School Year Session: August 25, 2008-May 22, 2009

Enrollment Form

Date of Application_____

Child's Name_____

Birthdate_____Age_____

Parent's Name_____

Address_____

_____Zip_____

Home Phone_____Cell Phone_____

\$55 Application Fee

Schedule of Days:

Tuesday-Thursday (2 days)_____

Monday-Wednesday-Friday (3 days)_____

Monday-Friday (5 days)_____

Extended Care:

Morning_____Afternoon_____

(please indicate days needed)

For office only:

App. Fee_____

Date Received_____