



# SCHOOL AGE CHILD CARE REGISTRATION FORM

(For New Enrollees)

Please print clearly in blue or black ink.

CHILD INFORMATION	
DATE	START DATE
LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)	
DATE OF BIRTH (MM/DD/YYYY) ____/____/____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE GRADE: _____
HOME ADDRESS	CITY, STATE, ZIP
HOME PHONE NUMBER (    ) _____-_____	CELL PHONE NUMBER (    ) _____-_____
HOME SCHOOL/CHILD CARE SITE	
CHILD CARE SESSIONS REQUESTED: <input type="checkbox"/> A.M. SESSION <input type="checkbox"/> P.M. SESSION <input type="checkbox"/> BOTH <input type="checkbox"/> DROP-IN	
PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION
NAME:	NAME:
EMPLOYER:	EMPLOYER:
WORK PHONE NUMBER (    ) _____-_____	WORK PHONE NUMBER (    ) _____-_____
EMAIL ADDRESS	EMAIL ADDRESS
PERSON RESPONSIBLE FOR PAYMENT	
HOME MAILING ADDRESS (If different from Child's Home Address)	
<p>Registration is confirmed upon receipt of this completed application, all child care forms and your non-refundable registration fee, plus security deposit (equivalent to 2 week's tuition) and first week's tuition to the Child Care Office at the Board of Education. You will then take your completed forms and proof of payment to the center's Director, who will review them and give you a start date.</p> <p>Applicants registering during the summer will bring this completed application, all child care forms and your non-refundable registration fee, plus security deposit (equivalent to 2 week's tuition) and first week's tuition to the Child Care Office at the Board of Education. We will give your completed forms and proof of payment to the center's Director prior to the first day of child care.</p> <p>All new incoming children must have a new physical with immunizations before entering Child Care.</p>	

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