

CALVARY LUTHERAN
K-5th Grade Child Care
REGISTRATION FORM—2018-19

Student's Name _____ Today's Date: _____

Preferred Name _____ Sex: m _____ f _____

Current Age _____ Date of Birth _____ Grade fall of 2018 _____

Child's Primary Residence? Both parents _____ Dad _____ Mom _____ Other _____

Parent's Name _____

Address _____

Home Phone _____ E-Mail _____

Cell Phone _____ Work Phone _____

Parent's Name _____

Address _____

Home Phone _____ E-Mail _____

Cell Phone _____ Work Phone _____

Options

PLEASE CHECK THE DAYS YOU ARE INTERESTED IN: **

_____ Oct. 1 **pre-register by Sept. 27**

_____ Oct. 18 **pre-register by Oct. 15**

_____ Oct. 19 **pre-register by Oct. 16**

_____ Nov. 8 **pre-register by Nov. 5**

_____ Nov. 9 **pre-register by Nov. 6**

_____ Jan. 21 **pre-register by Jan. 17**

_____ Feb. 15 **pre-register by Feb. 12**

_____ Feb. 18 **pre-register by Feb. 13**

_____ Mar. 7 **pre-register by Mar. 4**

_____ Mar. 8 **pre-register by Mar. 5**

Office Use Only

Date received:

Deposit Pd:

Check #:

PLEASE READ AND SIGN THE FOLLOWING:

I understand that:

****** Pre-registration is required to allow for correct staffing. A \$75.00 deposit is required for each child and will be applied to your bill. \$26.00/day with a bag lunch from home. Hours of child care 7:15 a.m.—5:45 p.m.

***** Payment is due when billed.

Parent/Guardian Signature _____

Date _____

Please return this form to: Calvary Lutheran Church, 2508 Washington Ave. SE, Bemidji, MN 56601, attn: Joan

Calvary Lutheran Church programming admits students of any race, color and national or ethnic origin.