

REGISTRATION FORM



THIS FORM IS TO ENROLL ____ CHILD (REN) INTO
CALVARY CHRISTIAN FELLOWSHIP'S MOTHER'S DAY OUT
PROGRAM.

Enroll $\frac{1}{2}$ days _____ Enroll full days _____

BOTH PARENTS' NAMES: _____

ADDRESS: _____

PHONE#: _____ CELL#: _____

EMAIL: _____

CHILD'S NAME: _____ MALE/FEMALE _____

BIRTHDAY: _____ EXACT AGE BY SEPT. 1ST '11 _____

(Child will remain in registered class for the entire school year.)

OFFICE USE ONLY: CLASS _____

SECOND CHILD'S NAME: _____ MALE/FEMALE _____

BIRTHDAY: _____ EXACT AGE BY SEPT. 1ST '11 _____

(Child will remain in registered class for the entire school year.)

OFFICE USE ONLY: CLASS _____

NOTE: PLEASE MAKE CHECK PAYABLE TO CCF MDO FOR REGISTRATION
FEE ONLY TO HOLD YOUR CHILD'S SPACE.