

School Age Pre-Registration Form



Child's Name: _____

Gender: Male Female Non-Specified

Entering Grade: _____

Parent/Guardian 1:

Parent/Guardian 2:

Name: _____

Name: _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

I have a sibling currently Enrolled at a CCP Center: _____

I am currently enrolled at a CCP Center: _____

Hold my current deposit for the fall. Deposit adjustments will be made on the August invoice. Deposits are non-refundable.

Schedule

5 days 4 days 3 days 2 days

Days of the week (you must contact us to change the days):

Monday Tuesday Wednesday Thursday Friday

HMB SA

Afterschool – 1:45 pm
 Afterschool – 6 pm
 Before School Add-on (5 days only, additional fee)

EG

Afterschool – 2:05 pm
 Afterschool – 6 pm
 Before School Add-on (5 days only, additional fee)

MO SA

Afterschool – 2:40 pm
 Afterschool – 6 pm
 Before School Add-on (5 days only, additional fee)

Parent Name (print): _____ Date: _____

Parent Signature: _____

OFFICE USE ONLY

Deposit \$ _____

Check # _____