



# CLC-School-Age Program 2010 Summer Registration

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## Family Information

### Child's Information

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Gender  Male  Female

Please note any special health needs, medications, or allergies your child might have:

\_\_\_\_\_  
\_\_\_\_\_

### Parents' Information

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Mother's Name _____	Father's Name _____
Home Phone _____	Home Phone _____
Home Address _____	Home Address _____
Driver's License # _____	Driver's License # _____
Date of Birth _____	Date of Birth _____
Company Name _____	Company Name _____
Occupation _____	Occupation _____
Business Phone _____	Business Phone _____
Cellular Phone _____	Cellular Phone _____
Pager _____	Pager _____
Email _____	Email _____

Marital Status: (check one)  Married  Separated  Divorced  Widowed  Single

If Divorced or Separated who has legal custody? \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

### Church Affiliation

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- Celebration Christian Center
    - I actively participate in the Sunday Ministries of Celebration Christian Center.*
  - Other Church Name \_\_\_\_\_ Denomination \_\_\_\_\_
  - I am not affiliated with a church.
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# CLC– School-Age Program Fee Schedule Summer 2010

Registration Fee **\$75.00**

## Tuition Schedule

Open at 7:00 a.m.– Close at 6:00 p.m.

**\$515.00 Monthly** (Includes 2 Snacks & All Field Trips)

**\$75.00 Monthly** for Daily Lunch (Optional)

**Local Emergency Contacts** (These people are authorized to pick-up your child, and will be called if necessary in an emergency, or if your child is not picked up by 6PM.)

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Grade Level (2010-2011)	Daily Lunch	Summer School
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th	<input type="checkbox"/> Yes, my child needs daily lunch. Please add <b>\$75.00</b> to my monthly statement. <input type="checkbox"/> No, my child will not purchase Club CK lunch.	<input type="checkbox"/> Yes, my child will be attending summer school at Altamont Creek/ Croce. <input type="checkbox"/> I need transportation <b>to</b> summer school each day. <input type="checkbox"/> I need transportation <b>from</b> summer school each day.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Date registration was received: \_\_\_\_\_  
 Registration fee received:  yes  no  
 Registration fee paid by:  cash or  check # \_\_\_\_\_

### Enrollment Status

Class placement: \_\_\_\_\_  
 Waiting list #: \_\_\_\_\_  
 Parent notified:  letter or  phone call Date: \_\_\_\_\_