

Boy _____ Girl _____
AM School Day Full Day
B/School A/School B/A School
HRS: From _____ to _____
M T W Th F

**Calvary Children's
Center**
9 S 200 State Rt. 59
Naperville, IL 60564
630-375-8700

Office Use Only
Date Received _____
Reg. Packet Sent _____
Tuition _____
Group _____
Date Began _____
Date Terminated _____
Reason _____

Date _____

Child's Name _____
First Last

Name for school use _____ Date of Birth _____

Race or ethnic origin (required by IRS Revenue Procedure 75-50) _____

Address _____
Street City Zip Code

Home Telephone Mom cell phone Dad cell phone

Name of father, stepfather or guardian **at home** _____
(please circle) First Last

Name of mother, stepmother or guardian **at home** _____
(please circle) First Last

Best contact person during Center hours: _____ Phone: _____
(Circle: home, business, or cell)

Email address for teacher/director communication: Mom: _____
Dad: _____

Father, stepfather or guardian's Employer _____ Bus. phone _____ Hrs _____

Mother, stepmother or guardian's Employer _____ Bus. phone _____ Hrs _____

If single parent or step-family home, name of non-custodial parent _____

Will non-custodial parent pick up child from the Center? ____ Yes, any time. ____ Yes, only certain times as indicated:
_____. ____ No, out of area.

____ No, by court order. *****Please provide a copy of any current court orders regarding this child.**

Allergy to food and/or other materials _____

Any medication taken on a daily or regular basis _____

Reason for medication _____

Name of doctor _____ Phone number _____

Address of doctor _____

(TURN OVER)

Persons **other than custodial parent** authorized to pick up child from center

1. Name _____ wk. phone _____

Address _____ ho. phone _____

Cell phone _____

2. Name _____ wk. phone _____

Address _____ ho. phone _____

Cell phone _____

3. Name _____ wk. phone _____

Address _____ ho. phone _____

Cell phone _____

Minimum Medical Treatment Permission:

The center has my permission in an emergency when I cannot be contacted, to obtain the services of paramedics and/or take my child to the emergency room of the nearest hospital. The paramedics and/or hospital and its medical staff have my authorization to provide minimum treatment deemed necessary for the well-being of my child, until I can be reached.

Signature of parent/guardian _____

Official Calvary Church Member: _____ Yes _____ No Date approved: _____

This form must be filled out completely and returned with a \$80.00 registration fee (\$60.00 for sibling) **made on-line, in cash or by check payable to Calvary Children's Center or CCC** to put your child on the class list and begin registration process. Bring in or mail to Calvary Children's Center, 9 S 200 State Route 59, Naperville, IL 60564. Please put your child's name on the check. The registration fee is not refundable.

Upon receipt of your registration form and payment a registration packet will be sent. All forms and vouchers included in this packet must be filled out completely and returned at least 1 week before your child's first day of attendance to complete registration. **Your child cannot begin our program until all forms, including medical form, have been received.**