



SCHOOL AGE CHILD CARE REGISTRATION FORM

Please print **clearly** in blue or black ink.

CHILD INFORMATION	
DATE	START DATE
LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)	
DATE OF BIRTH (MM/DD/YYYY) ____/____/____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY GRADE: _____
HOME ADDRESS	CITY, STATE, ZIP
HOME PHONE NUMBER () _____-_____	CELL PHONE NUMBER () _____-_____
HOME SCHOOL/CHILD CARE SITE <input type="checkbox"/> BAES <input type="checkbox"/> DES <input type="checkbox"/> MHES <input type="checkbox"/> MES <input type="checkbox"/> SLES@MES <input type="checkbox"/> PAC – APPEAL SITE <input type="checkbox"/> PAC – PATUXENT SITE <input type="checkbox"/> PPES <input type="checkbox"/> CES@PPES <input type="checkbox"/> SES <input type="checkbox"/> WHES <input type="checkbox"/> BES@WHES	
CHILD CARE SESSIONS REQUESTED: <input type="checkbox"/> A.M. SESSION <input type="checkbox"/> P.M. SESSION <input type="checkbox"/> BOTH <input type="checkbox"/> DROP-IN	
PARENT/GUARDIAN INFORMATION	
NAME:	NAME:
WORK PHONE NUMBER () _____-_____	WORK PHONE NUMBER () _____-_____
EMAIL ADDRESS	EMAIL ADDRESS
PERSON RESPONSIBLE FOR PAYMENT	
HOME MAILING ADDRESS (If different from Child's Home Address)	
<p>Registration will be confirmed by email upon receipt of this completed application, all childcare forms, and your non-refundable registration fee, plus security deposit (equivalent to 2 week's tuition) and first week's tuition.</p> <p>All new incoming children must have a new physical with immunizations before entering Child Care.</p>	

Calvert County Public Schools
 1305 Dares Beach Road, Prince Frederick, MD 20678
 Phone: 443-550-8040 • Fax: 410-286-1367