



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"/> BES@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"/> HES@PPES <input type="checkbox"/> SES <input type="checkbox"/> WHES	
CHILD CARE SESSIONS REQUESTED: <input type="checkbox"/> A.M. SESSION <input type="checkbox"/> P.M. SESSION <input type="checkbox"/> A.M. & P.M. <input type="checkbox"/> DROP-IN A.M. <input type="checkbox"/> DROP-IN P.M.	
PARENT/GUARDIAN INFORMATION	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)	
<input type="checkbox"/> Does your child have an IEP? If yes, please submit a copy with the application. <input type="checkbox"/> Does your child have a 504 plan? If yes, please submit a copy with the application. 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. All new incoming children must have a new physical with immunizations before entering Child Care.	

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