



SUMMER CAMPS & CLASSES REGISTRATION FORM

REGISTRATION INFORMATION

FAMILY NAME _____ PARENT/GUARDIAN 1 _____ PARENT/GUARDIAN 2 _____

PHONE 1 _____ PHONE 2 _____ PRIMARY EMAIL _____

STUDENT 1 _____ GRADE 19/20 _____

CAMP(S) _____

STUDENT 2 _____ GRADE 19/20 _____

CAMP(S) _____

STUDENT 3 _____ GRADE 19/20 _____

CAMP(S) _____

PAYMENT INFORMATION

TOTAL AMOUNT ENCLOSED _____ DATE _____

CASH CHECK CHECK # _____

NOTE: _____

Please make checks payable to **Calvin Christian School**. Drop off/email completed form to the school office.