

**MOUNT CALVARY CHRISTIAN SCHOOL**  
**TODDLER PROGRAM REGISTRATION FORM**

\_\_\_\_\_ Session 1 Friday 9:30-11:00  
Sept 30<sup>th</sup>, Oct. 7, 14, 28, Nov. 4

\_\_\_\_\_ Session 2 Friday 9:30-11:00  
Jan. 13, 20, 27, Feb. 3, 10

\_\_\_\_\_ Session 3 Friday 9:30-11:00  
Mar. 3, 10, 17, 24, 31

\_\_\_\_\_ Session 4 Friday 9:30-11:00  
Apr. 28, May 5, 12, 19 (only 4 weeks, \$40)

**\$50 Program fee due with registration form.**

**Child's name:** \_\_\_\_\_ **Sex:** M F

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Name of person attending class with child:** \_\_\_\_\_  
**(If someone other than parent)**