## CALVARY METHODIST PRESCHOOL



Calvary United Methodist Church

15 Ridge Place, Latham, NY 12210

Kari Planz, Director, Rev. Andrew Sperry, Pastor

| Registration F        | orm  |  | Today's Date:        |                           |   |
|-----------------------|--|--|----------------------|---------------------------|---|
| Check off whi         | ch sessions are  | you registering for:   |                      |                           |   |
|                       | nch Crew<br>ession 1   | Tuesdays and Wednesdays,<br>October 3,4, 10,11, 17,18, 24                      |                      |                           | \$77.50 for 10 days or full session       |
|                       | nch Crew<br>ession 2   | Tuesdays and Wednesdays, 29 and December 5, 6,12,13                            |                      | 28,                       | \$77.50 for full session                  |
|                       | nch Crew<br>ession 3   | Tuesdays and Wednesdays, January 9,10, 16, 17, 23<br>24, 30, 31, February 6, 7 |                      |                           | \$70 for 9 days                           |
|                       | nch Crew<br>ession 4   | Tuesdays and Wednesdays, 26, 27, April 9,10                                    | March 5, 6,12, 13,19 | 9, 20,                    | \$77.50 for full session                  |
|                       | Lunch CrewTuesdays and Wednesdays, April 23, 24, 30, May 1,Session 57, 8, 15, 16, 22, 23 |  |                      | / 1,                      | \$77.50 for full session                  |
|                       |  |  |                      |                           |   |
|                       | ended Day<br>ession 1  | Tuesday and Wednesdays, N<br>29 December 5,6,12,13                             | November 8,9,14,15,2 |                           | \$155 for 10 two hr classes, full session |
|                       | ended Day<br>ession 2  | Tuesday and Wednesdays, J<br>23,24,31 February 3,6,7                           | anuary 9,10, 16,17,  |                           | \$155 for full session                    |
|                       | ended Day<br>ession 3  | Tuesdays and Wednesdays, 26,27, April 9,10                                     | March 5,6, 12,13, 19 | 9,20,                     | \$155 for full session                    |
|                       | ended Day<br>ession 4  | Tuesdays and Wednesdays, April 23,24,30 May 1,7,8,15,16,22,23                  |                      |                           | \$155 for full session                    |
| Child's Name:         |  |  |                      |                           |   |
| Parent/Guardian Name: |  |  |                      |                           |   |
| Primary Phone Number: |  |  |                      |                           |   |
| Parent/Guardian Name: |  |  |                      |                           |   |
| Primary Phone Number: |  |  |                      |                           |   |
| Emergency Contact:    |  |  |                      |                           |   |
| Primary Phone Number: |  |  |                      |                           |   |
| OFFICE USE ONLY       |  |  |                      |                           |   |
| Registration for      | orm received or  | 1  |                      | Brightwheel payment made? |   |