



CKM School-Age Program Fall 2024-2025 Registration Form

Family Information

Child's Information

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ ZIP _____

Gender Male Female

Please note any special health needs, medications, or allergies your child might have:

Parent's Information

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Home Address _____ Home Address _____

Driver's License # _____ Driver's License # _____

Date of Birth _____ Date of Birth _____

Company Name _____ Company Name _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Cellular Phone _____ Cellular Phone _____

Email _____ Email _____

Marital Status: (check one) Married Separated Divorced Widowed Single

If Divorced or Separated who has legal custody? _____

With whom does the child reside? _____

Local Emergency Contacts (These people are authorized to pick-up your child, and will be called if necessary in an emergency, or if your child is not picked up by 6PM.)

Name _____ Relation _____

Address _____ Phone # _____

Name _____ Relation _____

Address _____ Phone # _____

Name _____ Relation _____

Address _____ Phone # _____

Church Affiliation

Celebration Church

I actively participate in the Sunday Ministries of Celebration Church.

Other Church Name _____ Denomination _____

I am not affiliated with a church.

Program Information License# 013415194

Before and After School *TK- Kindergarten Program

Includes transportation to and from school. CLC is happy to serve children enrolled in **TK-Kindergarten** (except during summer break and some holidays/teacher work days).

My child will need transportation to school daily.

My child will need transportation from school daily.

* Transitional Kindergarten

Before and After School **1st – 7th** grade program –

Includes transportation to and from school.

My child will need transportation to school daily.

My child will need transportation from school daily.

Please Indicate School Child Attends

Please Indicate Child's Grade Level (2024-2025)

Altamont Creek

Croce

Celebration Life Academy

Christensen Middle School **(Per Availability)**

CKM is happy to serve children from any school, however we only transport to/from the above listed schools.

TK-Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

TK-Kindergarten Program

Opens at 7:00 a.m.– Closes at 6:00 p.m. (Closed 8:30-1:30 on school days)

\$600.00 Monthly

1st-7th Grade Program

Opens at 7:00 a.m.– Closes at 6:00 p.m. (Closed 8:30-1:30 on school days)

\$550.00 Monthly

*Pricing based on normal full day school schedule
Limited part-time spots available. Please call for rates.*

Registration Fee: \$150.00

I acknowledge and agree to the stated policies, procedure, and fee schedules.

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____

Office Use Only

Date registration received: _____ Date packet received: _____

Registration fee received: yes no billed

Registration fee paid by: cash on-line or check # _____

Enrollment Status

Class placement: _____

Waiting list #: _____

Parent notified: letter or phone call Date: _____

Enrollment Start Date: _____