

**CLIFF DRIVE CARE CENTER
SUMMER 2024 REGISTRATION**

DATE RECEIVED _____

REGSTRN FEE RECVD _____

STUDENT NAME	DATE OF BIRTH	GRADE IN THE FALL
DOES STUDENT HAVE A SIBLING WHO ATTENDS CDCC? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIBLING NAME(S):	
MOTHER NAME	TELEPHONE	EMAIL
FATHER NAME	TELEPHONE	FATHER EMAIL

Check here if you want to enroll your child for the entire 2024 summer.

Please circle here which days you would like to attend: Mon Tues Wed Thurs Fri

Or, please check (☒) the specific weeks below that you wish to enroll your child. Then circle the days of those weeks you wish for them to attend:

WEEK	DAYS of the WEEK (circle)
<input type="checkbox"/> June 14	Fri
<input type="checkbox"/> June 17- 21	Mon Tues Wed Thurs Fri
<input type="checkbox"/> June 24 - 28	Mon Tues Wed Thurs Fri
<input type="checkbox"/> July 1 - 5 (closed July 4 th)	Mon Tues Wed Fri
<input type="checkbox"/> July 8 - 12	Mon Tues Wed Thurs Fri
<input type="checkbox"/> July 15 - 19	Mon Tues Wed Thurs Fri
<input type="checkbox"/> July 22 - 26	Mon Tues Wed Thurs Fri
<input type="checkbox"/> July 29 - August 2	Mon Tues Wed Thurs Fri
<input type="checkbox"/> August 5 - 9	Mon Tues Wed Thurs Fri
<input type="checkbox"/> August 12 - 14 (closed for in-service 8/15 and 8/16)	Mon Tues Wed

Attached is my \$100 deposit that secures my child’s enrollment in Summer Camp 2024.

I would prefer to pay my deposit in installments. Attached is my first payment of \$34 (payment #2 of \$33 is due 4/15, and payment #3 of \$33 is due 5/15).

DEADLINE TO REGISTER IS FRIDAY, MARCH 22, 2024