



Calvary Christian School

SUMMER EXPERIENCE 2011 REGISTRATION

Student's Last Name _____ First _____ Grade in Fall _____ M F

Week 1 Athletics - June 13-17 **Week 2 Academics|Service** - June 20-24 **Week 3 Arts & Entertainment** - June 27-July 1

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Parent or Legal Guardian's Name _____ E-mail _____

Phone (____) _____ Cell Phone (____) _____

I choose to pay in full \$ _____

I choose to pay a deposit of \$100. per child
(balance due 5.27.2011)

OFFICE USE ONLY

Amount paid \$ _____

Check # _____ Balance due \$ _____