



Questions? enrollment@cambridgecc.org

Register Online: www.cambridgecc.org/enrollment

Child's Information:

Child's Name: _____ Gender: _____

Date of Birth: ____/____/____ Last Grade Completed: _____ School: _____

Referred by (optional): _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address: _____
Street City State Zip

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address: _____
Street City State Zip

School Year Programs (Mark all that apply)

After School Program Winter Vacation Program February Vacation Program April Vacation Program

Days of Attendance (Mark all that apply)

Everyday Monday Tuesday Wednesday Thursday Friday

After School Program Hours: 2:00PM – 6:00PM Price: \$110/week, \$30/day

Vacation Program Hours: 7:30AM – 5:30PM Price: \$205/week, \$50/day

A registration fee of \$30 per child is due with this form.

Parent/Guardian Signature

____/____/____
Date