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: ____________________________________________

Parent/Guardian Information:

Parent/Guardian Name: ____________________________  Relationship to Child: ____________________________

Phone: ____________________________  Email: ____________________________

Address: ____________________________________________

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