

Kingdom Flyers

Summer Program

Registration Form

Child's Name: _____ **Date:** _____

Date of Birth: _____

Address: _____

Home Phone: _____

Parent Name: _____

Cell Phone: _____

Please check if you are interested in full or part-time care:

Full-time Part-time

Please check if child is eligible for : CCAP: DPP:

Submit form to:

Inner City School
3560 Josephine Street
Denver, CO 80205
Phone: 303-316-4533
Fax: 303-316-4535

Please call school office for space availability

Summer Session

June 14- August 6, 2010