

Maiden Cove Children's Center

Learning Through Play



2020 Fun in the Sun Registration Form

8:30 AM - 12:00 PM \$98/week

Please check the weeks you would like to sign up for:

WEEK	(✓)
Week 1: July 7-9	
Week 2: July 14-16	
Week 3: July 21-23	
Week 4: July 28-30	
Week 5: August 4-6	
Week 6: August 11-13	

CHILD'S INFORMATION

Child's Full Name: _____ Nickname: _____

Date of Birth (Month, Day, Year): _____ Sex: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

PARENT'S INFORMATION

Parent's Name: _____

Address (if different from the child's): _____

City/Town: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Parent's Name: _____

Address: _____

Maiden Cove Children's Center
21 Cottage Lane
Cape Elizabeth, ME 04107
(207) 799-8875
Owner/ Director: Sandy Farris

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City/Town: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

In case of an emergency when parents cannot be contacted:

Medical or Special Concerns:

SIGNATURES

Parent Signature

Date

Parent Signature

Date

For Internal Use Only

Date Received: _____

Check Amount: \$ _____

Check #: _____

This form was updated: March 10, 2020

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