



Preschool Classes (check one)

_____ T/TH (AM) age 3 by Sept. 1, 2010

_____ M/W/F (AM) age 4 by Sept. 1, 2010

_____ M-F (PM) Pre K Class, age 4 by Sept. 1, 2010

Registration

Child's Last Name _____ First Name _____

Date of Birth ____ - ____ - ____ Male ____ Female ____ Home Church _____

Mother's Last Name _____ First Name _____

Father's Last Name _____ First Name _____

Address _____

City/State/Zip _____

Home Phone _____ Mother Cell _____ Father Cell _____

E-mail address _____

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

Allergies or Medications _____

If you have any concerns about an area of your child's development: physical, social, emotional, language, or behavior, please explain. _____

_____ I give my child permission to go on Calvary Kids Preschool field trips.

_____ I understand that preschool is tuition based and that I am required to pay tuition fees due on the first of each month.

_____ I give permission for my child's picture to be used in promotional materials, media releases, etc.

Registration is complete when this form is returned with the \$40 non-refundable registration fee. This fee will be applied to the first month's tuition in September.

Signature of Parent(s) _____