

Calvary Chapel Christian School  
Preschool Registration Form  
School Year: 2019-2020

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle one: Male      Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Family Information**

Mother's Name: \_\_\_\_\_

Home Address (if different than child's): \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address (if different than child's): \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any custody concerns or court orders regarding guardianship? Yes    No

If yes, we will require a copy of the court order to be kept on file while the child is enrolled.

**Medical Information**

Pediatrician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any medical concerns or issues? If yes, please explain.

Does your child have any allergies? If yes, please describe the reaction.

Are there any concerns about: \_\_\_\_\_ hearing loss \_\_\_\_\_ vision \_\_\_\_\_ speech

Please explain:

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Allowed to pick up child: yes no

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Allowed to pick up child: yes no

**Class Information**

How old will student be on August 26<sup>th</sup>, 2019? \_\_\_\_\_

Select the appropriate class:

Tuition is paid over a 10-month period (August-May)

\_\_\_\_\_ Pre-k 3 class: Tuesday/Thursday 8:30-12:30  
Tuition: \$150/month

\_\_\_\_\_ Pre-k 4/5 class: Monday/Wednesday/Friday 8:30-12:30  
Tuition: \$200/month

I have read and understand the parent/student handbook and agree to comply with all the terms and conditions described within. The handbook can be found online at our website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please include registration fee of \$50 that is non-refundable with this form.**

FOR OFFICE USE ONLY=====

DATE RECEIVED:

CHILD NAME:

DOB:

CLASS: Pre-K 3      Pre-K 4/5      Pre-K 4/5(enrichment)

DEPOSIT PAID: CHECK #

CASH

WAIT LIST #: