

MOUNT CALVARY CHRISTIAN SCHOOL
REGISTRATION FORM FOR SCHOOL YEAR 2022-2023

_____ **2 Day Three Year Old Class**
Tuesday and Thursday 9:00-11:45

_____ **3 Day Four Year Old Class**
Mon. Tues and Thurs. 9:00-11:45

_____ **4 Day Four Year Old Class**
Monday-Thursday 9:00-11:45

_____ **4 Day Trans. Kindergarten Class**
Monday-Thursday 9:00-11:45

_____ **I will need Stay & Play until 1 p.m., 2 p.m., 3 p.m., 4 p.m. on the days my child attends school**

_____ **Friday Enrichment Class mixed age group class 9:00 a.m.-1:00 p.m.**

4 sessions Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

Registration Fee of \$75 (\$110/family) due with registration form.

Child's name: _____ **Sex: M F**

Address: _____

City: _____ **Zip:** _____ **Home Phone #:** _____

E-mail address: _____

Date of Birth: _____ **ALLERGIES:** _____

Father's Name: _____ **Occupation:** _____

Business Address: _____

Business Phone: _____ **Cell Phone:** _____

Mother's Name: _____ **Occupation:** _____

Business Address: _____

Business Phone: _____ **Cell Phone:** _____

Status: Married _____ **Separated** _____ **Divorced** _____ **Other** _____

Please complete reverse side.

For office use only
Reg. fee recvd on _____ amt. _____

Please List Siblings:

NAME	DATE OF BIRTH	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other members in the household:

NAME	RELATIONSHIP
_____	_____
_____	_____

Primary language spoken at home _____

Do you currently have a church home? Yes _____ No _____

If yes where? _____

Are You an Alumni Family ? Yes _____ No _____

How did you hear about Mt. Calvary Preschool? _____
(Please be specific – a friend, open house, website, facebook, etc.)

EMEGENCY CONTACT (IF PARENTS ARE UNAVAILABLE)

Name: _____ **Address:** _____

Phone: _____ **Cell Phone No:** _____

Relationship: _____

Pediatrician: _____ **Phone No:** _____

PARENTAL CONSENT:

I hereby give my consent for Mt. Calvary Christian Preschool to call another physician or take my child to the hospital in the event of an emergency if none of the above named individuals can be reached by telephone. I also give my consent for Mt. Calvary Christian Preschool to administer First Aid.

Parent's Signature: _____ **Date:** _____