



3s Program – Application for Admission

Student Information *Please print.*

Application Date _____ / _____ / _____

Student Name: _____ Gender: _____
(First) (Middle) (Last)

Date of Birth: _____ / _____ / _____ Address: _____
Must be 3 on or before October 15th (Street)

Home Phone #: _____ – _____ – _____
(City, State, Zip Code)

Parent/Guardian Information

Father Stepfather Guardian

Mother Stepmother Guardian

Mr. Dr. other: _____

Ms. Mrs. Dr. other: _____

Full Name: _____

Full Name: _____

Address: _____
(if different from student's address)

Address: _____
(if different from student's address)

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Cell #: _____ – _____ – _____

Cell #: _____ – _____ – _____

Work #: _____ – _____ – _____

Work #: _____ – _____ – _____

E-Mail: _____

E-Mail: _____

Parents are: married separated divorced other: _____

Student resides with: both parents father mother guardian: _____

Correspondence regarding school should be sent to: both parents father mother guardian

Registration Information

Are you currently a member of Calvary United Methodist Church? Yes No

Are you a current family returning to Calvary Center School? Yes No

Are you a past family returning to Calvary Center School? Yes No

How did you learn about Calvary Center School? _____

If referral or word-of-mouth, please note who referred you to CCS: _____

CCS – 3s Program Application for Admission

Schedule Request Please select the days and times you would like your child to attend our program:

Preschool Program – 3 Year Old Curriculum (student must be 3 years old on or before October 15th of this year)

Approximately 9am-12 noon: Monday Tuesday Wednesday Thursday Friday

Extended Care – Afternoon until 3:30pm

Preschool dismissal until 3:30pm: Monday Tuesday Wednesday Thursday Friday

Extended Care – Afternoon until 5:30pm

Preschool dismissal until 5:30pm: Monday Tuesday Wednesday Thursday Friday

Extended Care – Morning

Morning 7:30am until preschool start time: Monday Tuesday Wednesday Thursday Friday

Does your child have any special needs in the school setting? Yes No

If yes, please note below and provide a copy of your child's IEP so that we can help meet your child's unique needs.

I understand that my child must be toilet-trained by the first day of school to attend the 3-Year-Old Program. _____ (please initial here)

Please send the *Application for Admission* with a non-refundable \$25 Application Fee to the address or email below.

Applications will be reviewed on a rolling basis beginning January 1. If your child is accepted into Calvary Center School, the CCS Director will notify you and a non-refundable registration fee of \$150 will be required at that time to reserve your child's spot. We will then email a contract to you. A signed contract, one month's tuition for May of next year, which is also non-refundable, and several required forms will be due at that time to finalize your child's enrollment. First month's tuition for the school year will be due September 5th of the school year and each subsequent month's tuition is due the 5th of the month through April of next year (since you will prepay May). All tuition must be paid using CCS' online billing system or by check.

Signature (or Typed Full Name) of Parent/Guardian: _____ Date: ____/____/____

Calvary Center School does not discriminate on the basis of race, color, national or ethnic origin, gender or religion in administration of its educational policies, admissions policies, scholarships, and other school administered programs.

Calvary Center School Use Only

Application and \$25 Fee Received ____/____/____
 Check No.: _____ Online: _____
Recorded by: _____

Acceptance Letter and Tuition Contract sent: ____/____/____

\$150 Registration Fee Received ____/____/____
Check No.: _____ OR Online: _____
Recorded by: _____

Contract and May Tuition Received: ____/____/____
Check No.: _____ OR Online: _____
Recorded by: _____

301 Rowe Boulevard, Annapolis, MD 21401

Phone: 410-268-3812 Website: www.calumc.org Email: calvarycenter@calumc.org