

## 4s Program – Application for Admission

Student Information Please print.	Application Date/					
Student Name:	Gender:					
(First) (Middle) (Last)						
Date of Birth: / / Address:(S	A A.					
	treet)					
Home Phone #:	city, State, Zip Code)					
Parent/Guardian Information						
☐ Father ☐ Stepfather ☐ Guardian	☐ Mother ☐ Stepmother ☐ Guardian					
☐ Mr. ☐ Dr. ☐ other:	□ Ms.       □ Dr.       □ other:					
Full Name:	Full Name:					
Address:	Address:					
(if different from student's 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  guardian:						
Correspondence regarding school should be sent to:	parents 🔲 father 🔲 mother 🔲 guardian					
Registration Information						
Are you currently a member of Calvary United Methodist Churc	ch? ☐ 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 t	o CCS:					

## CCS – 4s Program Application for Admission

Schedule Requ	est Please select	the days and tin	nes you would li	ce your child to	attend our prog	ram:	
Preschool Progra	ım – 4 Year Old Cu			ers old on or be	efore October 15	h of this year)	
	Program – 4-5 Yea	r Old Curriculum	, _	be 4 ½ years o	_ ,	_ ,	
	Afternoon until 3:	30pm ☐ Monday	□ Tuesday	■ Wednese	day 🔲 Thurs	day 🔲 Frida	У
Extended Care –	Afternoon until 5:	<u>30pm</u>					
Preschool dismis	ssal until 5:30pm:	■ Monday	■ Tuesday	■ Wednese	day 🔲 Thurs	day 🔲 Frida	У
Extended Care – Morning 7:30am	Morning nuntil preschool st	art time: 🔲 N	londay 🔲 Tue	sday 🔲 We	dnesday 🔲 Th	ursday 🗖 Fr	iday
•	have any special n e below and provid			Yes 🔲		's unique needs.	
	nat my child musi		•	•		(please initial h	
Applications will be Director will notify will then email a co several required fo due September 5 <sup>th</sup>	e reviewed on a rolli you and a <u>non-refu</u> ontract to you. A sig orms will be due at tl of the school year a pay May). All tuition	ng basis beginnin ndable registratio ned contract, one nat time to finaliz nd each subseque	g January 1. If yo n fee of \$150 will e month's tuition f e your child's enro ent month's tuitio	ur child is accept be required at t or May of next y Illment. First mo n is due the 5 <sup>th</sup> o	ed into Calvary Ce hat time to reserve year, which is also onth's tuition for the of the month throu	nter School, the C your child's spot non-refundable, a ne school year wil	CS . We nd I be
Signature (or Typed	I Full Name) of Parent	/Guardian:			Date:	/ /	
•	chool does not disc f its educational po	olicies, admissio	ns policies, schol	arships, and ot	her school admir	•	
	   		vary Center Schoo				
	☐ Application and Check No.:		ed/		ed by:		
	Acceptance Letter	and Tuition Conti	ract sent:/_				
	☐ \$150 Registrati Check No.: ☐ Contract and N	OF	R Online:	<del></del>	ed by:		
			R Online:	<del></del> '	ed by:		

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