



# Calvary Center School's Application for Admission to 3 Year Old Program

Please Print

Application Date \_\_\_/\_\_\_/\_\_\_

### Student Information:

Student's Name: \_\_\_\_\_ Gender \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_  
(Must be 3 by Sept. 1) (Street)

Home #: \_\_\_\_\_  
(city, state, zip code)

### Parent/Guardian Information:

Father/Step-Father/Guardian (Circle One)

Mr.  Dr.  Rev.  Other

Mother/Step-Mother/Guardian (Circle One)

Mrs.  Dr.  Rev.  Other

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(If Different)

Address: \_\_\_\_\_  
(If Different)

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are the parents married:  Married  Separated  Divorced

Student resides with:  Both Parents  Father  Mother  Guardian

Correspondence regarding application 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? \_\_\_\_\_

Does your child have any special health care needs?  Yes  No

If so, please provide a copy of your child's IFSP/IEP so that we can work with any service agencies to meet the unique needs of your child.

**Registration Information: (Cont'd)**

Please select the days of the week you would like your child to attend:

Monday  Tuesday  Wednesday  Thursday  Friday

**Extended Care:** Please indicate your choice: **(Must match class selection above)**

**AM Care:**

Monday  Tuesday  Wednesday  Thursday  Friday

**PM Care:**

**Noon - 3:30:**  Monday  Tuesday  Wednesday  Thursday  Friday

**Noon - 5:30:**  Monday  Tuesday  Wednesday  Thursday  Friday

**LUNCH ONLY (Space is Limited):**

**Noon - 1:00:**  Monday  Tuesday  Wednesday  Thursday  Friday

**\*\*Toilet Training: Your child must be toilet trained by the first day of school.\*\***

Please return the Application for Admission to the address below, along with your check made payable to "Calvary Center School", in the amount of \$25.00. **Note: This Application fee is NON-REFUNDABLE.**

If your child is accepted into Calvary Center School, the director of the school will mail a contract to you in February. Once your child is accepted, a \$75 Registration is needed by the date indicated on the contract. **Note: This Registration Fee is NON-REFUNDABLE.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Official Use Only</b></p> <p>Date Received: ____/____/____</p> <p>Application Fee: \$25.00</p> <p>Check Number: _____</p> <p>Recorded by: _____</p>
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Calvary Center School does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarships, and other school administered programs.