

Calvary Center School Getting to Know You

Please Print						Date/	
Child's Name: _	(First	A	(Middle)	(Las	+\		
			,		•		
Name Your Chile	d Will Use	in School: _	Manager Commission of the Comm				
	ill out this	s form and re	turn it with			e the time to t and Registration Fee	
		<u>Fa</u>	mily In	formation:			
My child reside	es with:						
☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Step-Father ☐ Step-Mother							
Are the parents married:							
Correspondence regarding application should be sent to:							
☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Step-Father ☐ Step-Mother							
Primary language spoken at home:							
Siblings:							
<u>Names</u>		Ag	<u>te</u>	<u>Names</u>		Age	
Social Development:							
Previous group	/school ex	kperience: _					
Social Behavior	(Circle) S	Shy Friendly	Cautious C	Outgoing Aggressive	Timid	Other	
What type of pla	ıy experie	ence does you	ır child enjo	y best?			

Emotional Development:

What behavior characteristics best describes your child? (Circle)

Moody Cooperative Quiet Very Active Independent Fearful Fearful Temperamental Strong-Willed Easy Going Excitable

Medical Information:

Child's Physician	Telephone #
	roblems?
	List other allergies
_	sh to share:
indicional initial indicion you wil	· ·
Signature of Parent/Guardian:	Date:/
	ne and attention to filling out this form. Please return it along cract and <u>non-refundable</u> Registration Fee to the address listed d in your contract.
[Official Use Only
į	Date Received:/ Registration Fee: \$75.00 Check Number: Recorded by:

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.