

Calvary Weekday School

Application For Admission

Student Information

Applicant's Name _____ Birthdate _____ M F

Age Group _____ School Year _____ Date of Application _____

Mailing Address _____

City _____ State _____ Zip Code _____

Subdivision _____

Family Information

Mother's Name _____ Father's Name _____

Address (if different from applicant) _____ Address (if different from applicant) _____

Home Phone _____ Home Phone _____

Cell Phone Number _____ Cell Phone Number _____

Occupation _____ Occupation _____

Employer _____ Employer _____

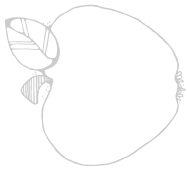
Work Phone _____ Work Phone _____

Email Address (for school related information) _____ Email Address (for school related information) _____

Are you currently a Calvary Church member? _____

How did you hear about Calvary? _____ Website _____ Friend _____ Family

_____ Mom's Club Preschool Fair _____ Frederick Child Magazine _____ Other



Application

The class assignment will be made by the Director of the Weekday School
Please indicate the **age level** of your child

3 Year Old Classes

_____ Monday 9:00 to 11:30 am - Wednesday- Friday 9:00 to 12:00 (1 class of 16 students- **Schedule A**)

_____ Monday 12:30 to 3:00 pm & Tuesday- Thursday 9 to 12:00 (2 classes of 16 students per class- **Schedule B**)

4 Year Old Classes

_____ Monday 9:00 to 11:30 am - Wednesday- Friday 9:00 to 12:00 (1 class of 16 students- **Schedule A**)

_____ Monday 12:30 to 3:00 pm & Tuesday-Thursday 9:00 to 12:00 (1 class of 16 students- **Schedule B**)

_____ Monday- Wednesday- Friday 9:00 to 12:00 (1 class of 16 students- **Schedule C**)

_____ Monday-Friday 9:00 to 12:00 (1 class of 12 students)

Kindergarten

_____ Monday–Friday 9:00 to 12:30 (1 class of 16 students)

- A **non-refundable** registration and advance tuition payment is due with the registration .
- * The registration fee is registration, activity, field trip and supply.
- * The advance tuition payment is for May 2011.
- * The September payment is due the first day of school.
- * I understand that a **\$25.00 late fee** will incur if my tuition payment is not made by the 7th day of each month.
- The amount due at the time of registration is as follows:

Schedule A & B

3 days a week \$285.00 (\$100.00 + \$185.00)

Schedule C

3 days a week \$290.00 (\$100.00 + \$190.00)

5 day 4's

5 days a week \$360.00 (\$110.00 + \$250.00)

Kindergarten

5 days a week \$395.00 (\$110.00 + \$285.00)

- * I understand that all medical forms are due in the office by **August 27th**.
- Does your child have any allergies? _____
- Are there any physical, medical or emotional concerns we should be aware of?

* Your signature below indicates that you have read and understood all the information on this registration form.

Signature

Date