

Student Information

Applicant's Name _____ Birthdate _____ M F

Age Group _____ Name Child Prefers _____ School Year _____

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 _____

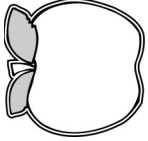
Work Phone _____ Work Phone _____

Please give 1 email address to receive 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 Class

_____ Monday 9:00 am to 11:30 am/Wednesday & Friday 9:00 am to 12:00 pm

3 & 4 Year Old Split Class

_____ Monday 12:30 pm to 3:00 pm/ Tuesday & Thursday 9:00 am to 12:00 pm

4 Year Old Class

_____ Monday 9:00 am to 11:30 am/Wednesday & Friday 9:00 am to 12:00 pm

_____ Monday 12:30 pm to 3:00 pm/ Tuesday & Thursday 9:00 am to 12:00 pm

_____ Monday-Friday 9:00 am to 12:00 pm

Kindergarten

_____ Monday–Friday 9:00 am to 12:30 pm

- A **non-refundable** registration and advance tuition payment is due with the registration .
- The advance tuition payment is for May 2018.
- 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:

3 day 3 & 4 Year Olds

3 days a week \$325.00 (\$100.00 + \$225.00)

5 day 4 Year Olds

5 days a week \$400.00 (\$110.00 + \$290.00)

Kindergarten

5 days a week \$435.00 (\$110.00 + \$325.00)

- * I understand that all medical forms are due in the office by **August 18th**.
- * Does your child have an IFSP/IEP ? _____ No _____ Yes. If yes please provide a copy to the school office.
- Does your child have any allergies? _____
- Are there any physical, medical or emotional concerns we should be aware of?

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- * Your signature below indicates that you have read and understood all the information on this Application for Admission.

Signature

Date

Calvary Weekday School seeks and admits students without regard to race, color, creed, sex, ethnic origin, disabilities and health care needs.

The school does not discriminate in the administration of its policies and program.