

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

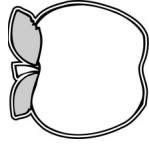
\_\_\_\_\_

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 completed application, registration fee and advance month (May 2020) is due to secure your placement in the class of your choice for the 2019-2020 school year.
- The registration fee and advance month payment are **NON REFUNDABLE**.
- The advance tuition payment is for May 2020.
- The September 2018 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 \$335.00 (\$100.00 + \$235.00)

#### 5 day 4 Year Olds

5 days a week \$420.00 (\$110.00 + \$310.00)

#### Kindergarten

5 days a week \$445.00 (\$110.00 + \$335.00)

- \* I understand that all medical forms must be in the office by **August 16th**.
- \* Failure to return the medical form and immunization record by August 16th could cause a delay in your child's start date.
- \* 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.

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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.