

OFFICE USE ONLY
Start Date: _____

Calvary Christian School
General Registration Form

(Please Print)

Child's Name: _____
(Last) (First) (Middle) (Name Preference/Goes By)

Date of Birth: _____ **Age of Child:** _____

Previous School/Day Care Attended: _____ **Phone:** _____

School Year Enrolling: _____

Circle the grade/program your child is enrolling for:
Pre-K3 (circle one): 2-day 3-day 5-day 5-day w/ Extended Care included
Pre-K4 (circle one): 5-day 5-day w/ Extended Care included
Kindergarten 3rd Grade 6th Grade 9th Grade
1st Grade 4th Grade 7th Grade 10th Grade
2nd Grade 5th Grade 8th Grade 11th Grade

Father/Guardian: _____ **Home #:** _____ **Cell #:** _____

Email: _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Employer: _____ **Work #:** _____

Mother/Guardian: _____ **Home #:** _____ **Cell#:** _____

Email: _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Employer: _____ **Work #:** _____

This child lives with (circle one): both parents mother only father only other _____

If separated/divorced, who has primary custody? (circle one): joint mother father other (explain below)

_____ *Legal documentation required if applicable.

Please list other children in family:

- 1) _____ Age _____ Grade _____
- 2) _____ Age _____ Grade _____
- 3) _____ Age _____ Grade _____

Family Physician Practice: _____ **Dr. Name/Phone:** _____

Is there any evidence of food or other allergy? (circle one): Yes No

If yes, explain: _____

Is the parent/guardian/financially responsible party an "active" Calvary Baptist Church member?

"Active" means that the church member is regularly attending and involved in the church. *Please Note: You do not have to be a church member to attend Calvary Christian School. This is simply to determine if you are eligible for the "Active" Church Member Discount. "Yes" answers must be approved by the Senior Pastor.*

Circle One: Yes No

I agree that the school may authorize the physician of their choice to provide emergency care if neither I nor the family physician can be contacted immediately.

My child has my permission to participate in all field trips taken during the school year. I understand that I will be informed in advance of the field trips.

(Parent/Guardian Signature)

(Date)