

# PRESCHOOL REGISTRATION 2024-2025



- \_\_\_\_\_ 3s Preschool T/TH (8:30-11:15am) age 3 by Sept. 1, 2024 (\$80/mo)
- \_\_\_\_\_ 4s Preschool M/W/F (8:30-11:15am) age 4 by Sept. 1, 2024 (\$95/mo)
- \_\_\_\_\_ Junior Kindergarten M-F (12:30-3:15pm), age 4 by Sept. 1, 2024 (\$135/mo)

*New families in need of daycare as well as preschool, please fill out the daycare application.*

*Current daycare families only need to fill out this form to register.*

**Preschool Only Families** must prepay 50% of first month's tuition to hold spot.

**TODAY'S DATE:** \_\_\_\_\_

**CHILD:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**MOTHER:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_

**FATHER:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Prior Preschool Experience: \_\_\_\_\_

Please list any special living situations (custody arrangements, etc.) of which we should be aware.

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## EMERGENCY CONTACTS / PICK-UPS

Parents are primary emergency contacts. Please list other additional emergency contacts / people authorized to pick up child from school:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH INFORMATION

Child's Doctor: \_\_\_\_\_ Phone number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Please list any special concerns (health, behavioral, physical, social, and emotional or language development):

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give permission for emergency medical treatment for my child \_\_\_\_\_  
(child's name) if requested by **Calvary Kids Club**, who is our preschool provider.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I/we authorize Calvary Baptist Church and Calvary Kids Daycare and Preschool to take our child on field trips and to use our child's image in any promotional material, media releases, Calvary Baptist Church's website or Calvary Kids Daycare and Preschool website, or for any other lawful purpose. In the event of a medical emergency, I/we authorize Calvary Baptist Church and Calvary Kids Daycare and Preschool to have our child transported to an area hospital by ambulance if deemed necessary by church and/or preschool personnel and EMT personnel. I/we understand that tuition fees are payable on the first school day of each month. I/we agree to all the above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Received on \_\_\_\_\_ by \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Billed to Brightwheel \_\_\_\_\_