



Letting His Little Light Shine

Calvary Baptist Church
2407 Broadway, Yankton, SD 57078
605-665-5594

Preschool Classes (check one)

- _____ T/TH (AM) age 3 by Sept. 1, 2018 (\$75 monthly payment)
- _____ M/W/F (AM) age 4 by Sept. 1, 2018 (\$90 monthly payment)
- _____ M-F (PM) Junior Kindergarten, age 4 by Sept. 1, 2018 (\$135 monthly payment)

This form must be returned with a \$50 registration fee before enrollment is complete.

Registration

CHILD: Last Name _____ First Name _____

Date of Birth ____ - ____ - ____ Male ____ Female ____ Home Church _____

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 _____

Child lives with (circle one) mother father both parents

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

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):

I/we authorize Calvary Baptist Church and Calvary Kids 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 Preschool website, or for any other lawful purpose. In the event of a medical emergency, I/we authorize Calvary Baptist Church and Calvary Kids 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 of the above.

Signature of Parent(s) _____ Date _____

How did you hear about Calvary Kids Preschool? _____ Newspaper _____ Radio _____ Family/Friend
_____ Other _____



2018-2019 School Year



OFFICE USE ONLY: Received on _____ By _____

Amount Paid _____ By Cash _____ Check Number _____