

Date Received: \_\_\_\_\_

Reg. Fee Check # \_\_\_\_\_



# Calvary Early Learning Center

## Application for Enrollment 2023-2024

### STUDENT INFORMATION

Name (Last, First, Middle): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male  Female  Birthday: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City

State

Zip Code

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status of Parents: Married  Living Together  Separated  Divorced  Grandparent

Custody/visiting arrangement, if applicable: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

### FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Father's Cell Phone:  
Accepts Texts? Y N

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mother's Cell Phone:  
Accepts Texts? Y N

Name and Ages of Siblings: \_\_\_\_\_

### ENROLLMENT INFORMATION

*Please check the Program for which you are registering:*

Two Year-Old Program	<input type="checkbox"/>	Three Year-Old Program	<input type="checkbox"/>	Four Year-Old Program	<input type="checkbox"/>
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Pre-Kindergarten	<input type="checkbox"/>
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Kindergarten (M-F)	<input type="checkbox"/>	Kindergarten Only: Will you require busing?	No	Yes:	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
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Name of Home School District: \_\_\_\_\_

Continue on back

**ADDITIONAL INFORMATION**

Does your child attend church? Yes  No

If yes, where? \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Has your child been baptized? Yes  No

Does your child have an emotional problem or have difficulty learning new things? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have a medical condition or allergy? Yes  No

If yes, please attach medical documentation from child's physician and explain below:

**PERMISSION FORM**

I give my permission to have my child photographed and/or videotaped for the purpose of positive public relations for Calvary Early Learning Center. Yes  No

I give my permission for my child's photo to be used on the Calvary Early Learning Center website. Names of the students will not be published and student identification will not be revealed. The photos chosen for inclusion on the Homepage will be used to illustrate the positive Christian environment promoted at Calvary Early Learning Center. Yes  No

May we include your child's name, your name, address, home phone number, cell phone number, and email address in a student directory for the school year? This information may be used for purposes of communication, party invitations, or special announcements. Yes  No

May we use this email address to contact you regarding school-related issues? Yes  No

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**\$75.00 Registration/Materials Fee (non-refundable) is due at time of application.**

**Please enclose a check payable to:**

**Calvary Early Learning Center**

*4725 Old William Penn Highway*

*Murrysville, PA 15668-2012*

*(724) 327-2898*