

Date Received: _____

Reg. Fee Check # _____



Calvary Early Learning Center

Application for Enrollment 2024-2025

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: _____

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:

How did you hear about CELC? _____

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 Names of the students will not be published and student identification will not be revealed.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