

A Ministry of Calvary Chapel



Calvary Christian Preschool
Application for Enrollment

Child's Full Name: _____ Birthdate: _____

Parents : 1) _____ 2) _____

Home phone: _____

Cell/work phone: 1) _____ 2) _____

Address: _____ City/State: _____

Siblings and age: _____

I understand that for this application to be valid I must remit the first week's tuition. If I choose to enroll my child elsewhere, I understand that this tuition is not refundable.

Date I wish care to begin: _____

Due Date: _____ ***A non-refundable*** deposit of one-week's tuition is due before a slot can be held for your infant. This will be applied to your first week of care.

Parent signature Date

Payment received: Date _____ Amount: _____ Check #: _____

Staff signature: _____