Calvary Christian Preschool
Application for Enrollment

Child's full name _____

Birthdate_____

Parent 1) _____   2)_____

Phone 1) _____   2)_____

Email 1) _____   2)_____

Address 1) _____

Address 2)_____

Non-Refundable Deposit:
I understand that for this application to be valid and my child's spot held,
I must remit the first week's tuition. If I choose to enroll my child elsewhere,
I understand that this tuition is non-refundable.

Date I wish care to begin _____

Due Date for infant enrolling _____

_____
Parent's signature   Date

Payment received _____ Amount paid _____ Ck#_____
                         Date

Director's signature_____

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