



Calvary Christian Preschool

Application for Enrollment

Child's Full Name: _____

Birthday: _____

Parents : 1) _____

2) _____

Home phone : _____

Cell/Work Phone : 1) _____

2) _____

Address: _____

City/State: _____

Email address : 1) _____

2) _____

Siblings and age: _____

I understand that for this application to be valid I must submit 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: (If expecting) _____ **A non-refundable** deposit of one-week's tuition is due before a slot can be held for your infant. This will be applies to your first week of care.

Parent Signature

Date

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

Staff signature: _____