

PRESCHOOL REGISTRATION 2026-2027



- _____ 3s Preschool T/TH (8:30-11:00am) age 3 by Sept 1, 2026 (\$85/mo)
- _____ 4s Preschool M/W/F (8:30-11:00am) age 4 by Sept 1, 2026(\$100/mo)
- _____ Junior Kindergarten M-F (12:30-3:00pm), age 4 by Sept 1, 2026 (\$145/mo)

Preschool Only Families must prepay 50% of first month's tuition to hold spot.

TODAY'S DATE: _____

CHILD: Last Name _____ First Name _____

Date of Birth ____-____-____ Male____ Female____

Address _____

City/State/Zip _____ Home Phone _____

MOTHER: Last Name _____ First Name _____

Address _____ Cell Phone _____

Mother's Employer _____ Phone _____

FATHER: Last Name _____ First Name _____

Address _____ Cell Phone _____

Father's Employer _____ Phone _____

Prior Preschool Experience: _____

Please list any special living situations (custody arrangements, etc.) of which we should be aware.

EMERGENCY CONTACTS / PICK-UPS

Parents are primary emergency contacts. Please list other additional emergency contacts / people authorized to pick up child from school:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

HEALTH INFORMATION

Child's Doctor: _____ Phone number _____

Allergies _____

Medications _____

Please list any special concerns (health, behavioral, physical, social, and emotional or language development):

EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give permission for emergency medical treatment for my child _____
(child's name) if requested by **Calvary Kids Club**, who is our preschool provider.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

I/we authorize Calvary Baptist Church and Calvary Kids Daycare and Preschool to transport our child on field trips and to use our child's image in any promotional material, media releases, Calvary Baptist Church's website or Calvary Kids Daycare and Preschool website, or for any other lawful purpose. In the event of a medical emergency, I/we authorize Calvary Baptist Church and Calvary Kids Daycare and Preschool to have our child transported to an area hospital by ambulance if deemed necessary by church and/or preschool personnel and EMT personnel. I/we understand that tuition fees are payable on the first school day of each month. I/we agree to all the above.

Parent Signature _____ Date _____

OFFICE USE ONLY: Received on _____ by _____

Amount Paid \$ _____ Cash _____ Check Number _____ Billed to Brightwheel _____