

Calvary Christian School General Registration Form

(Please Print)

Child's Name: _____
(Last) (First) (MI) (Name Preference)

Date of Birth: _____ **Age of Child:** _____

Previous School/Day Care Attended: _____ **Phone:** _____

School Year Enrolling: _____ **Extended Care Needed? (circle one):** yes no

Circle the grade/program your child is enrolling for:

Pre-K3 (circle one): 2-day 3-day 5-day 5-day w/ Extended Care included

Pre-K4 (circle one): 2-day 3-day 5-day 5-day w/ Extended Care included

Kindergarten **3rd Grade** **6th Grade**

1st Grade **4th Grade** **7th Grade**

2nd Grade **5th Grade** **8th Grade**

Father/Guardian: _____ **Home #:** _____ **Cell #:** _____

Email: _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Employer: _____ **Work #:** _____

Mother/Guardian: _____ **Home #:** _____ **Cell#:** _____

Email: _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Employer: _____ **Work #:** _____

This child lives with (circle one): both parents mother only father only other _____

If divorced, indicate who has primary custody (circle one): joint mother father other _____

Please list other children in family:

1) _____ Age _____ Grade _____

2) _____ Age _____ Grade _____

3) _____ Age _____ Grade _____

Emergency Contact Person (other than yourself/spouse): _____

Relationship: _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Family Physician Practice: _____ **Doctor's Name:** _____

Phone: _____

Is there any evidence of food or other allergy (circle one)? yes no

If yes, explain: _____

~~~~~  
**I agree that the school may authorize the physician of their choice to provide emergency care if neither I nor the family physician can be contacted immediately.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**My child \_\_\_\_\_ has my permission to participate in all field trips taken during the school year. I understand that I will be informed in advance of the field trips.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)