

**The Preschool at Calvary**  
A ministry of Calvary Bible Fellowship Church  
604 W. Fairmount St., Coopersburg, PA 18036  
Phone: 610-214-2690 \* [thepreschool@calvarybfc.org](mailto:thepreschool@calvarybfc.org)

**APPLICATION FOR ADMISSION**

**UPDATE~ RETURNING STUDENT**

2024-2025 School year

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_

Allergies or concerns: \_\_\_\_\_

\_\_\_\_\_

**MOTHER'S NAME/LEGAL GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**FATHER'S NAME/LEGAL GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

\_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY BE RELEASED:** Name / Address & Phone / Relationship to child

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY NOT BE RELEASED:** IF APPLICABLE

**Name:**

**Address:**

**Phone:**

**Relationship to child:**

**Please indicate the appropriate class in which you are enrolling your child:**

- 3 year old Preschool program**  
Wednesday and Friday  
9:15AM-11:45 AM  
Tuition: \$1,550/year or 10 monthly installments of \$155  
(Yearly payment or first installment due August 1<sup>st</sup>)

- 4 and 5 year old Pre-K program**  
Monday, Tuesday, and Thursday  
9:15AM- 11:45 AM  
Tuition: \$1,950/year or 10 monthly installments of \$195  
(Yearly payment or first installment due August 1<sup>st</sup>)

**Please check all that apply:**

- Enclosed is the required \$75 non-refundable registration fee. Please make checks payable to:  
**Preschool at Calvary**
- Please send application and fee to our mailing address:  
**Preschool at Calvary**  
**604 W. Fairmount Street**  
**Coopersburg, PA. 18036**
- I have completed this application to the best of my knowledge.
- I have read the parent handbook and agree to abide by the policies and procedures it outlines.
- I agree to update Contact/Parental information whenever changes occur.
- I release the Preschool at Calvary to photograph my child while participating in daily activities and to use the photographs for displays or albums of Calvary Bible Fellowship only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Application Received: \_\_\_\_\_ Registration fee paid: Y/N

Program assignment: \_\_\_\_\_ Confirmation sent: \_\_\_\_\_