

**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**

2025-2026 School Year

**NAME OF CHILD:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** M \_\_\_ F \_\_\_

Please include a nickname, if preferred: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Allergies or concerns: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

School District in which your child resides: \_\_\_\_\_

**PRIMARY PARENTAL CONTACT/GUARDIAN:** \_\_\_\_\_

Home Address (if different than child's): \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**SECONDARY PARENTAL CONTACT/GUARDIAN:** \_\_\_\_\_

Home Address (if different than child's): \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY BE RELEASED (other than parent or guardian):**

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 give any information concerning your child that will be helpful in his/her experience in the preschool environment:**

Is your child potty trained? Please check all that apply:

Yes  No  In progress  Has fears of certain toileting skills

Is this your child's first experience in a preschool setting? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

Does your child have any fears or worries that we should be aware of? \_\_\_\_\_

Are there any medical, physical or emotional needs or delays that we should be aware of? Yes / No  
If yes, please explain \_\_\_\_\_

Is your child receiving any outside services that help support your child's growth and development? Yes/ No  
Please check all that apply:

Occupational Therapy  Speech Therapy  TSS Support/ Behavioral

Does your child currently have an IEP (Individualized Education Plan) or in the process of receiving an evaluation? Yes / No

I believe preschool is important for my child for the following reasons:

\_\_\_\_ Social Interaction    \_\_\_\_ Academic head start    \_\_\_\_ Needs time away from family    \_\_\_\_ Structure  
\_\_\_\_ Bible Introduction    \_\_\_\_ Independence    \_\_\_\_ Routines    Other \_\_\_\_\_

How did you find out about the Preschool at Calvary ministry? \_\_\_\_\_

**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: \$1,600/year or 10 monthly installments of \$160.00

(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: \$2,000/year or 10 monthly installments of \$200.00

(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 the application and registration 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.

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

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

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For Office Use Only:

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

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