

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

APPLICATION FOR ADMISSION
UPDATE~ RETURNING STUDENT
2025-2026 School year

NAME OF CHILD: _____ **DATE OF BIRTH:** _____

Please add a nickname, if preferred: _____

ADDRESS: _____ **PHONE:** _____

Allergies or concerns: _____

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:

Name / Address / Phone / Relationship to child

1. _____ / _____ / _____ / _____

2. _____ / _____ / _____ / _____

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

(Yearly payment or first installment due August 1st)

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 1st)

Please check all that apply:

- Enclosed is the required \$75 non-refundable registration fee. Please make checks payable to:
Preschool at Calvary
- Please submit the application and registration fee to the preschool or 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: _____

For Office Use Only:

Application Received: _____ Registration fee paid: Y/N

Program assignment: _____ Confirmation sent: _____