

**The Preschool at Calvary**

Calvary Bible Fellowship Fairmount Building, 604 W. Fairmount St., Coopersburg, PA 18036

Phone: 610-214-2690 \* [thepreschool@calvarybfc.org](mailto:thepreschool@calvarybfc.org)

**APPLICATION FOR ADMISSION**

2021-2022 School Year

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

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

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

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

**School District:** \_\_\_\_\_

**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 address (optional):** \_\_\_\_\_

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

**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? \_\_\_\_\_

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 that we should be aware of? \_\_\_\_\_

Are there any special medical, physical or emotional needs or delays that we should be aware of? Yes / No

If yes, please explain \_\_\_\_\_

I believe preschool is important for the following reasons:

\_\_\_\_ Social Interaction    \_\_\_\_ Academic head start    \_\_\_\_ Needs time away from family    \_\_\_\_ Structure  
\_\_\_\_ Bible Teaching    \_\_\_\_ 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: \$1,200/year or 10 monthly installments of \$120

***4 and 5 year old Pre-K program***

Monday, Tuesday, and Thursday

9:15AM- 11:45 AM

Tuition: \$1,500.00/year or 10 monthly installments of \$150

**Please check all that apply:**

Enclosed is the required \$50 non-refundable registration fee. Please make checks payable to:

**The Preschool at Calvary**

Please send application and fee to our mailing address:

**Calvary Bible Fellowship Church**

**Attn: Preschool at Calvary**

**P.O. Box 166**

**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: \_\_\_\_\_