

The Preschool at Calvary

Calvary Bible Fellowship Fairmount Building, 604 W. Fairmount St., Coopersburg, PA 18036
Mailing address: PO Box 166, Coopersburg * Phone: 610-214-2690 * 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. _____ / _____ / _____ / _____

2. _____ / _____ / _____ / _____

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: _____

For Office Use Only:

Application Received: _____ Registration fee paid: Y/N

Program assignment: _____ Confirmation sent: _____