PRESCHOOL REGISTRATION 2026-2027

CALVARY KIDS PRESCHOOL

_____ 3s Preschool, T/TH (8:30-11:00am) age 3 by Sept. 1, 2026 ($85/mo)

_____ 4s Preschool, M/W/F (8:30-11:00am) age 4 by Sept. 1, 2026 ($100/mo)

_____ Junior Kindergarten, M-F (12:30-3:00pm), age 4 by Sept. 1, 2026 ($145/mo)

Preschool Only Families must prepay 50% of first month's tuition to hold spot.

TODAY'S DATE: _____

CHILD: Last Name _____ First Name_____

Date of Birth _____-_____-_____ Male____ Female____

Address _____

City/State/Zip _____ Home Phone _____

MOTHER: Last Name _____ First Name_____

Address _____ Cell Phone _____

Mother's Employer_____ Phone_____

FATHER: Last Name _____ First Name_____

Address _____ Cell Phone _____

Father's Employer_____ Phone_____

Prior Preschool Experience: _____

Please list any special living situations (custody arrangements, etc.) of which we should be aware.

_____

_____

_____

_____

EMERGENCY CONTACTS / PICK-UPS

Parents are primary emergency contacts. Please list any other additional emergecy contacts / people authorized to pick up child from school:

Name _____ Relationship to Child_____ Phone _____

Name _____ Relationship to Child_____ Phone _____

Name _____ Relationship to Child_____ Phone _____

HEALTH INFORMATION

Child's Doctor: _____ Phone number _____

Allergies _____

Medications _____

Please list any special concerns (health, behavioral, physical, social, and emotional or language development):

_____

_____

EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give permission for emergency medical treatment for my child _____ (child's name) if requested by **Calvary Kids Daycare and Preschool**, who is our preschool provider.

Mother/Guardian Signature _____ Date_____

Father/Guardian Signature _____ Date_____

I/we authorize Calvary Baptist Church and Calvary Kids Daycare and Preschool to:

☐ Use our child's image in any promotional material, social media, media releases, Calvary Baptist Church's website and/or Calvary Kids Daycare and Preschool website, and for any other lawful purpose.

☐ Transport our child on field trips.

☐ In the event of a medical emergency, transport our child to an area hospital by ambulance if deemed necessary by church and/or preschool personnel and EMT personnel.

Parent Signature _____ Date_____

OFFICE USE ONLY: Received on_____by_____

Amount Paid $_____ Cash_____ Check Number_____ Billed to Brightwheel _____