

CALVARY WEEKDAY SCHOOL REGISTRATION FORM

Child's Name _____

Date of Birth _____ Gender M F

Allergies _____

Health Issues _____

Medications _____

Child's Physician _____

Do you give permission for your child to receive emergency medical care if needed? _____

Do you give permission for your child to attend field trips planned by CWS? _____

Siblings (Name/Age) _____

Family Pets _____

Do you have any concerns about your child's health, development, or behavior that you think it would be helpful to share with us?

Please indicate which class you would like to enroll your child in. If you require a specific placement please attach a note explaining the reason(s)

____ Three year old - two day (Tuesday, Thursday 9:00 to 11:30)

____ Three year old - three day (Monday, Wednesday, Friday, 9:00 to 11:30)

____ Three year old - five day (Monday through Friday, 9:00 to 11:30)

____ Four year old - morning class (Monday through Friday, 9:00 to 11:30)

____ Four year old - afternoon class (Monday through Friday, 12:30 to 3:00)

(OVER)

Mother's Contact Information

Name _____

Address _____

Email _____

Phone _____

Employer _____

Father's Contact Information

Name _____

Address _____

Email _____

Phone _____

Employer _____

Circle parent's status: Together Separated Divorced

This form was completed by:

Parent or Guardian signature

Print name

Date