

# 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)
- \_\_\_\_ 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