

CALVARY WEEKDAY SCHOOL REGISTRATION FORM

Child's Name _____

Date of Birth _____ Gender M F

Allergies _____

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) If selecting Extended day or early drop off please list days required.

- ___ T/Th 8:30 to 11:30 (3-4yr)
- ___ MWF 8:30 to 11:30 (3-4yr)
- ___ M-F 8:30 to 11:30 (4-5yr)
- ___ M-F 12:00 to 3:00 (3-5yr)
- ___ Extended day 11:30 to 4:30 (3-5yr)
- ___ Early drop off 7:30 to 8:30 (3-5yr)

(OVER)

