

Calvary Lutheran Preschool

730 South New Street
West Chester, PA 19382

calvarypreschoolwc@gmail.com

610-696-3427

Application for Admission

Child's Name _____
(first) (middle) (last)

Preferred Name _____ Child's Date of Birth _____

Address _____

Parent/Caregiver Name _____ Number _____

Employer _____ Email Address _____

Parent/Caregiver Name _____ Number _____

Employer _____ Email Address _____

Please check this box to include your child's name and family contact information in our School Directory.

What should we know about your child?

(includes allergies, disabilities, fears, habits, family situations, other languages spoken; use reverse side if needed)

Siblings and Ages _____

Alternate Emergency Contacts (parents/caregivers listed above will be contacted first):

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Physician's Address: _____

Class/Schedule Preferred: 1st Choice: _____ 2nd Choice: _____

Early Drop Off (8:00-8:45am)? Yes/No If yes, please indicate days: M T W R F

Comments: _____

I give my permission for photographs or video clips of my child engaged in aspects of the Calvary Lutheran Preschool educational program to be used for advertising or marketing, or to be shared with the Calvary Lutheran Church or Preschool Community. Do Consent Do Not Consent

Parent/Guardian Signature: _____ Date: _____

Registration Fee- \$60.00 for one child, \$80.00 for families with multiple children enrolled at a time.

Tuition deposit, equal to one month tuition, is due at the time of enrollment, or by May 1, 2024. Checks should be made payable to Calvary Lutheran Preschool, and sent to the address above to the attention of Heather Truitt.

To include an optional \$25.00 donation to Calvary Lutheran Preschool's *Barbara Reis Preschool Scholarship Fund*, please earmark the amount on your registration payment.